

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L60764 (2)**

1. Corporation Name
PSYCHICS, INC.



Principal Place of Business: % LINDA GEORGIAN, 2725-CENTER-AVE, FT LAUDERDALE FL 33308, VERO BEACH, FL 32963
Mailing Address: % LINDA GEORGIAN, 2725-CENTER-AVE, FT LAUDERDALE FL 33308, VERO BEACH, FL 32963

3. Date Incorporated or Qualified: **03/28/1990**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **65-0242697**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: **GEORGIAN, LINDA, 2725-CENTER-AVE, FT LAUDERDALE FL 33308, VERO BEACH, FL 32963**
10. Name and Address of New Registered Agent (81-85):
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Linda Georgian* DATE: **4/12/96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P GEORGIAN, LINDA | 1.2 NAME | |
| STREET ADDRESS | 2725-CENTER AVENUE 1565 WYN COVE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL VERO BEACH, FL 32963 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DVS GEORGIAN, LINDA | 2.2 NAME | |
| STREET ADDRESS | 2725-CENTER-AVE 1565 WYN COVE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL VERO BEACH, FL 32963 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T GEORGIAN, LINDA | 3.2 NAME | |
| STREET ADDRESS | 2725-CENTER-AVE 1565 WYN COVE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL VERO BEACH, FL 32963 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Georgian* DATE: **4/12/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)