

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F95000005610 (9)

1. Corporation Name
PEOPLEASE CORPORATION



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| Principal Place of Business 300 WEST COLEMAN BOULEVARD, SUITE 207 MOUNT PLEASANT SC 29464 | Mailing Address 300 WEST COLEMAN BOULEVARD, SUITE 207 MOUNT PLEASANT SC 29464-3429 |
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|---|--|--|--|--|--|--|--|
| 2. Principal Place of Business 21 1470 BEN SAWYER BLVD. Suite, Apt. #, etc. 22 SUITE City & State 23 MOUNT PLEASANT, SC Zip 24 29464 | | 2a. Mailing Address 26 1470 BEN SAWYER BLVD. Suite, Apt. #, etc. 27 SUITE 7 City & State 28 MOUNT PLEASANT, SC Zip 29 29464 | | 3. Date Incorporated or Qualified 11/16/1995 | | 3a. Date of Last Report 05/01/1996 | |
| | | | | 4. FEI Number 57-0993401 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent WATKINS, DAVID S 16205 FEDERAL HIGHWAY, #931 POMPANO BEACH FL 33062-7517 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | | |
|--|--|--|--|--|--|--|--|

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

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|----------------------------|--|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PT | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SCHELLENGER, CHARLES R | | | 1.2 NAME | | | |
| STREET ADDRESS | 300 WEST COLEMAN BOULEVARD, SUITE 207 | | | 1.3 STREET ADDRESS | 1470 BEN SAWYER BLVD., SUITE 7 | | |
| CITY-ST-ZIP | MOUNT PLEASANT SC 29464 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VS | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SPEER, D W | | | 2.2 NAME | | | |
| STREET ADDRESS | 300 WEST COLEMAN BOULEVARD, SUITE 207 | | | 2.3 STREET ADDRESS | 1470 BEN SAWYER BLVD., SUITE 7 | | |
| CITY-ST-ZIP | MOUNT PLEASANT SC 29464 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charles R Schellenger* **CHARLES R. SCHELLENGER** 4-30-96 (803) 849-1164

CR2E034 (9/96)