FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 3:05

DOCUMENT # 351619 (2)

1. Corporation Name
P S OF FLORIDA INC

Principal Place of Business	Mailing Address
1529 SPRUCE ST. PHILADELPHIA PA 19102 US	7040 N GREEN BAY AVE. MILWAUKEE WI 53209 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1969
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 39-1131840 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	ROSS,GARRY M	1.2 NAME		
STREET ADDRESS	226 S. 19TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP		19103
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	BLUMENTHAL,ARTHUR J	2.2 NAME		
STREET ADDRESS	~~330 E KILBOURN #1475~~	2.3 STREET ADDRESS	411 E. WISCONSIN AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP		53202
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	BLUMENTHAL, WARREN ASST	3.2 NAME		
STREET ADDRESS	~~330 E KILBOURN #1475~~	3.3 STREET ADDRESS	411 E. WISCONSIN AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP		53202
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	BLUMENTHAL, ARTHUR J.	4.2 NAME		
STREET ADDRESS	~~330 E KILBOURN #1475~~	4.3 STREET ADDRESS	411 E. WISCONSIN AVENUE	
CITY-ST-ZIP	~~MILWAUKEE FL~~	4.4 CITY-ST-ZIP	WI	53202
TITLE	T	5.1 TITLE		☒ Change ☐ Addition
NAME	ROSS, GARRY M.	5.2 NAME		
STREET ADDRESS	226 S 19TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILIDELPHIA PA	5.4 CITY-ST-ZIP		19103
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: X _____ Garry M. Ross 1-25-95 215-922-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480177 FP