

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

FILED

May 14 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **577678**

(6)

1. Corporation Name  
**PBS OF AMERICA, INC.**

Principal Place of Business  
**%PAYCHEX INC.**  
**911 PANORAMA TRAIL SOUTH**  
**ROCHESTER NY 14625**  
**US**

Mailing Address  
**10105 9TH STREET NORTH**  
**ST. PETE FL 33716-3807**  
**US**



|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>06/20/1978</b>  | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 21                             |                     | 26                  |                     | 4. FEI Number<br><b>59-1825843</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | Suite, Apt. #, etc. | 27                  | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 23                             | City & State        | 28                  | City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 24                             | Zip                 | 29                  | Zip                 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 25                             | Country             | 30                  | Country             |   |  |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent   |  |
| <b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>ESRICK, STEVEN M</b>                               | 1.2 NAME  | <b>RICHARD S. WAASHOP</b>  |
| STREET ADDRESS             | <b>10105 9TH STREET N</b>                             | 1.3 STREET ADDRESS                                    | <b>22 BROOKSHIRE LANE</b>  |
| CITY - ST - ZIP            | <b>ST PETE FL 33716-3807</b>                          | 1.4 CITY - ST - ZIP                                   | <b>PENFIELD, NY 14526</b>  |
| TITLE                      | <b>CEO</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LASHER, STUART G</b>                               | 2.2 NAME  | <b>4931 NEW PROVIDENCE AVE</b>   |
| STREET ADDRESS             | <b>10105 9TH STREET N</b>                             | 2.3 STREET ADDRESS                                    | <b>TAMPA, FL 33629</b>   |
| CITY - ST - ZIP            | <b>ST PETE FL 33716-3807</b>                          | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>CFO</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>HILL, CRAIG</b>                                    | 3.2 NAME  | <b>S/T JOHN MORPHY</b>   |
| STREET ADDRESS             | <b>10105 9TH STREET N</b>                             | 3.3 STREET ADDRESS                                    | <b>51 VINEYARD HILL</b>  |
| CITY - ST - ZIP            | <b>ST PETE FL 33716-3807</b>                          | 3.4 CITY - ST - ZIP                                   | <b>FAIRPORT, NY 14450</b>  |
| TITLE                      | <b>C</b> <input checked="" type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HASARA, GARRY</b>                                  | 4.2 NAME  |  |
| STREET ADDRESS             | <b>10105 9TH STREET N</b>                             | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>ST PETE FL 33716-3807</b>                          | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

813-679-0505

Date

Daytime Phone #

0579413

CR2E034 (9/96)