

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90063 024 ***158.75

DOCUMENT # 598553

1. Corporation Name

PS MANAGEMENT COMPANY

Principal Place of Business

2255 CRESCENT DRIVE
MT. DORA FL 32757
US

Mailing Address

C/O GREENBERG TRAUIG
777 S. FLAGLER DRIVE, SUITE 310 EAST
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1978

4. FEI Number

59-1880757

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name JAMES TRAWEEK

82 Street Address (P.O. Box Number is Not Acceptable)

2255 CRESCENT DR

83

84 City MT. DORA

FL

85 Zip Code 32757

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME TRAWEEK, JAMES W

STREET ADDRESS 2411 GOLF ROAD, #100

CITY-ST-ZIP PLANO TX

TITLE V ☐ DELETE

NAME MARETT, JOHN T

STREET ADDRESS ONE POTTER RUN ROAD

CITY-ST-ZIP VOLANT PA

TITLE V ☒ DELETE

NAME PACK, RANDY L

STREET ADDRESS 200 BANK STREET

CITY-ST-ZIP SOUTHLAKE TX

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

12 NAME TRAWEEK, JAMES W.

13 STREET ADDRESS 2255 CRESCENT DR.

14 CITY-ST-ZIP MT. DORA FL 32757

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE U.P. ☐ Change ☒ Addition

32 NAME NESBITT WILLIAM

33 STREET ADDRESS ONE POTTER RUN ROAD

34 CITY-ST-ZIP VOLANT PA 16156

4.1 TITLE ASST. SECY ☐ Change ☒ Addition

4.2 NAME BROWN, MORRIS

4.3 STREET ADDRESS 777 S. FLAGLER DR # 3108

4.4 CITY-ST-ZIP WEST PALM BCH FL 33401

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. TRAWEEK 1/5/99 352-385-0114

Date

Daytime Phone #

CR2E034 (11/98)

0320464