

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

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1880757	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name		JAMES TRAWEEK	
				82 Street Address (P.O. Box Number is Not Acceptable)		2255 CRESCENT DR.	
				83			
				84 City		MT. DORA	
85 Zip Code		FL		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAWEEK, JAMES W	1.2 NAME	TRAWEEK, JAMES W.
STREET ADDRESS	2411 GOLF ROAD, #100	1.3 STREET ADDRESS	2255 CRESCENT DR.
CITY-ST-ZIP	PLANO TX	1.4 CITY-ST-ZIP	MT. DORA FL 32757
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARETT, JOHN T	2.2 NAME	
STREET ADDRESS	ONE POTTER RUN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VOLANT PA	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	J.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACK, RANDY L.	3.2 NAME	WESBITT WILLIAM
STREET ADDRESS	200 BANK STREET	3.3 STREET ADDRESS	ONE POTTER RUN ROAD
CITY-ST-ZIP	SOUTHLAKE TX	3.4 CITY-ST-ZIP	VOLANT PA 16156
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	ASST. SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BROWN, MORRIS
STREET ADDRESS		4.3 STREET ADDRESS	777 S. FLAGLER DR # 310E
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BCH FL 33401
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 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: _____ DATE: 1/5/99 DAYTIME PHONE #: 352-385-0114

CR2E034 (11/98)