

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F56870

(1)

1. Corporation Name

PROFESSIONAL SERVICES UNLIMITED, INC.

Principal Place of Business

**707 CHOLLINGWORTH DR
P O BOX 2044
WEST PALM BEACH FL 33409
US**

Mailing Address

**PO BOX 2044
P O BOX 2044
WEST PALM BEACH FL 33402-2044
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1982

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2153438

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

2. Principal Place of Business

21 29 PICKWICK PK. DR. E.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 GREENACRES, FL

27 City & State

28

24 Zip

33463

Country

25 PALM BEACH

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**TSIMEKLES, ELIZABETH V.
29 PICKWICK PARK DR., E.
GREENACRES FL 33463**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TSIMEKLES, ELIZABETH V.
STREET ADDRESS	29 PICKWICK PARK DR., E.
CITY - ST - ZIP	GREENACRES FL
TITLE	D
NAME	TSIMEKLES, ELIZABETH V.
STREET ADDRESS	29 PICKWICK PARK DR., E.
CITY - ST - ZIP	GREENACRES FL
TITLE	V
NAME	TSIMEKLES, JOHN N.
STREET ADDRESS	29 PICKWICK PARK DR., E.
CITY - ST - ZIP	GREENACRES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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:

Elizabeth V. Tsimekles

ELIZABETH V. TSIMEKLES, PST/D

4/25/95

(407) 967-7933