

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F57767 (8)

1. Corporation Name

P.M.S., INC.



Principal Place of Business

Mailing Address

6389 SHERIDAN ST.
HOLLYWOOD FL 33024

6389 SHERIDAN ST.
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified

12/09/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2141731

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

10. Name and Address of New Registered Agent

MINEO, JOSEPH
253 SW 179TH AVE.
PEMBROKE PINES FL 33029

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV
NAME MINEO, JOSEPH
STREET ADDRESS 253 SW 179TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE S
NAME MINEO, HELEN
STREET ADDRESS 253 SW 179TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
Change Addition

12 NAME
Change Addition

13 STREET ADDRESS
Change Addition

14 CITY-ST-ZIP
Change Addition

21 TITLE
Change Addition

22 NAME
Change Addition

23 STREET ADDRESS
Change Addition

24 CITY-ST-ZIP
Change Addition

31 TITLE
Change Addition

32 NAME
Change Addition

33 STREET ADDRESS
Change Addition

34 CITY-ST-ZIP
Change Addition

41 TITLE
Change Addition

42 NAME
Change Addition

43 STREET ADDRESS
Change Addition

44 CITY-ST-ZIP
Change Addition

51 TITLE
Change Addition

52 NAME
Change Addition

53 STREET ADDRESS
Change Addition

54 CITY-ST-ZIP
Change Addition

61 TITLE
Change Addition

62 NAME
Change Addition

63 STREET ADDRESS
Change Addition

64 CITY-ST-ZIP
Change Addition

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 119.37(3)(k), Florida Statutes. I further certify that the information included 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 617, 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

6/30/96 (954)
9664050
Daytime Phone #

CR2E034 (3/96)