

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92126

(4)

1. Corporation Name

PROFESSIONAL SUCCESS UNLIMITED, INC.



Principal Place of Business

10812 GANDY BLVD. NORTH
ST. PETERSBURG FL 33702

Mailing Address

10812 GANDY BLVD. NORTH
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified
07/27/1982

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 7777-131st ST. N.

26 7777-131st ST. N.

4. FEI Number
59-2207684

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 12

27 Ste. 12

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 SEMINOLE, FL

28 SEMINOLE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34646

29 34646

30

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

FERNANDEZ, PETER G
10812 GANDY BOULEVARD NORTH
ST PETERSBURG FL 33702

81 Name

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

7777-131st ST. N.

83 Ste. 12

84 City SEMINOLE

FL

85 Zip Code

34646

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME FERNANDEZ, PETER G
STREET ADDRESS 10812 GANDY BLVD N
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE AS ☐ DELETE

NAME CARBONNEAU, VALERIE
STREET ADDRESS 10812 GANDY BLVD N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 7777-131st ST. N., Ste 12
1.4 CITY-ST-ZIP Seminole, FL 34646

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 7777-131st ST. N., Ste 12
2.4 CITY-ST-ZIP Seminole, FL 34646

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 119.07(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:

VALERIE CARBONNEAU 7-26-96 813-392-0822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)