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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92126

PROFESSIONAL SUCCESS UNLIMITED, INC.

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		
7777 131ST STREET NORTH 7777 131ST STREET NORTH SUITE 15 SEMINOLE FL 34646 US US		TH	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		S SPACE
2. Principal Place of Business 21	2a. Mailing Address 26			07/27/1982 4, FEI Number 59-2207684	Applied For Not Applicable
Suite, Apt W, etc. 22 City & State	City & State	1		Certificate of Status Desired S. Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be
23 Zip Country 24 33776 25		Country 30	·	Trust Fund Contribution B. This corporation owes or has paid the or Personal Property Tax due June 30.	Added to Fees urrent year Intangible Yes No
g, Name and Address of Current Registered Agent		81	Name	10. Name and Address of New Registered	Agent
FERNANDEZ, PETER G 777 131ST STREET NORTH SUITE 12 SEMINOLE FL 34646		82	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t Address (P.O. Box Number is Not Acceptable)	
		83			
		84	City	FI	- 85 Zip Code 33776
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. Lam familiar with, and accept the obli 	e of Florida. Such change was at	uthorized by	/ the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered

(NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change FERNANDEZ, PETER G NAME 1.2 NAME 777 131ST STREET STE 12 STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Addition 21 TITLE Change CARBONNEAU, VALERIE NAME 22 NAME 7777 131ST STREET NORTH STE 12 STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 Trile Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS

14. Thereby 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

SIGNATURE: