

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 # F95000001997 (4)

1. Corporation Name  
PFSI, INC.



Principal Place of Business  
PO BOX 21702  
TAMPA FL 33622

Mailing Address  
PO BOX 21702  
TAMPA FL 33622

3. Date Incorporated or Qualified 04/24/1995 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3160347

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, HOWARD A  
% HEALTHCARE FINANCIAL SERVICES, INC.  
5444 BAY CENTER DR. #204  
TAMPA FL 33609

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

1. 1 TITLE C ☐ DELETE

NAME PRALMAN, HERBERT M  
STREET ADDRESS 93 MASON ST.  
CITY-STATE-ZIP GREENWICH CT 06860

2. 1 TITLE CT ☐ DELETE

NAME LAWI, DAVID  
STREET ADDRESS 93 MASON ST.  
CITY-STATE-ZIP GREENWICH CT 06860

3. 1 TITLE DP ☐ DELETE

NAME BLUM, GERALD  
STREET ADDRESS 16935 KNIGHTSBRIDGE LANE  
CITY-STATE-ZIP DELRAY BEACH FL 33484

4. 1 TITLE DS ☐ DELETE

NAME CRAIG, WALTER M JR.  
STREET ADDRESS 2 BRIDGE AVE.  
CITY-STATE-ZIP RED BANK NJ 07701

5. 1 TITLE V ☐ DELETE

NAME BLUM, HOWARD A  
STREET ADDRESS 5444 BAY CENTER DR. #204  
CITY-STATE-ZIP TAMPA FL 33609

6. 1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE C ☒ Change ☐ Addition

NAME PEARLMAN, HERBERT M  
STREET ADDRESS 537 STEAMBOAT RD  
CITY-STATE-ZIP GREENWICH CT 06830

2. 1 TITLE SECRETARY ☒ Change ☐ Addition

NAME LAWI, DAVID  
STREET ADDRESS 537 STEAMBOAT RD  
CITY-STATE-ZIP GREENWICH CT 06830

3. 1 TITLE D and CEO ☒ Change ☐ Addition

NAME Blum, Gerald  
STREET ADDRESS 16935 Knightsbridge Lane  
CITY-STATE-ZIP Delray Beach, FL 33484

4. 1 TITLE DP ☒ Change ☐ Addition

NAME Graig, Walter M. Jr.  
STREET ADDRESS 2 Bridge Ave.  
CITY-STATE-ZIP Red Bank, NJ 07701

5. 1 TITLE VD ☒ Change ☐ Addition

NAME BLUM HOWARD A  
STREET ADDRESS 5444 BAY CENTER DR #204  
CITY-STATE-ZIP TAMPA FL 33609

6. 1 TITLE ☐ Change ☒ Addition

NAME MURPHY, DANIEL T  
STREET ADDRESS 11 PENN PLAZA, STE 1002  
CITY-STATE-ZIP NY NY 10001

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 (813) 289-4741

CR2E034 (12/95)