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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000005501 (0)**

1. Corporation Name
PFS VENTURES, INC.

Principal Place of Business	Mailing Address
~~5215 N O'CONNOR BLVD #330~~ ~~IRVING TX 75039~~	5215 N O'CONNOR BLVD #330 IRVING TX 75039-3729

3. Date Incorporated or Qualified: 11/09/1995	3a. Date of Last Report: 04/25/1996
2. Principal Place of Business 21: 545 E John Carpenter Fwy #1300	2a. Mailing Address 26: 545 E John Carpenter Fwy, #1300
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Irving, TX 75062	City & State 28: Irving, TX 75062
Zip 24: / Country 25: U.S.A.	Zip 29: / Country 30: U.S.A.
4. FEI Number: 75-2618292 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 of, 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	DCT ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, HERVEY A	1.2 NAME	
STREET ADDRESS	~~5215 N O'CONNOR BLVD #330~~	1.3 STREET ADDRESS	545 E John Carpenter Fwy #1300
CITY-ST-ZIP	~~IRVING TX 75039~~	1.4 CITY-ST-ZIP	Irving, TX 75062
TITLE	DPS ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CORCORAN, THOMAS J JR	2.2 NAME	
STREET ADDRESS	~~5215 N O'CONNOR BLVD #330~~	2.3 STREET ADDRESS	545 E John Carpenter Fwy, #1300
CITY-ST-ZIP	~~IRVING TX 75039~~	2.4 CITY-ST-ZIP	Irving, TX 75062
TITLE	V ☒ DELETE	3.1 TITLE	Asst.Sec. ☐ Change ☒ Addition
NAME	~~PETERSON, NICOLAS R~~	3.2 NAME	Thomas L. Wiese
STREET ADDRESS	~~5215 N O'CONNOR BLVD #330~~	3.3 STREET ADDRESS	545 E John Carpenter Fwy, #1300
CITY-ST-ZIP	~~IRVING TX 75039~~	3.4 CITY-ST-ZIP	Irving, TX 75062
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby 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 Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] HERVEY FELDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #