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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 21 1997 8:00 am
Secretary of State

DOCUMENT # F96000003897 (3)

1. Corporation Name

PIONEER SERVICES INTERNATIONAL LTD., INC.

Principal Place of Business

Mailing Address

1761 W. HILLSBORO BLVD., STE 318
DEERFIELD BEACH FL 33442

1761 W. HILLSBORO BLVD., STE 318
DEERFIELD BEACH FL 33442-1502



3. Date Incorporated or Qualified
07/31/1996

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODSKY, STEPHEN
1761 W. HILLSBORO BLVD., STE 318
DEERFIELD BEACH FL 33442

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 PCD
NAME JACOBSON, JERRY I
STREET ADDRESS 2006 MAINSAIL CIRCLE
CITY-ST-ZIP JUPITER FL

1.1 TITLE SECRETARY / TREASURER / DUTY
1.2 NAME DEBRA JACOBSON
1.3 STREET ADDRESS 2006 MAINSAIL CIRCLE
1.4 CITY-ST-ZIP Jupiter, FL

TITLE VSTD
NAME BRODSKY, STEPHEN E
STREET ADDRESS 17808 SOUTHWICK WAY
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE Director
2.2 NAME William Yamaguchi
2.3 STREET ADDRESS 12701 N. PENN. AVE. #266
2.4 CITY-ST-ZIP Oklahoma City, OK 73120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Director
3.2 NAME B33AN NORDSTRÖM
3.3 STREET ADDRESS KAROLINSKA Hospital
3.4 CITY-ST-ZIP S-171 76 Stockholm, Sweden

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Debra Jacobson* President DA: Jerry I. Jacobson 1/8/97 561-746-8719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)