

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005512 (5)**

1. Corporation Name

PS INDUSTRY SOLUTIONS CORPORATION



Principal Place of Business 500 S. FLORIDA AVENUE, STE 600 LAKELAND FL 33801-5269	Mailing Address 500 S. FLORIDA AVENUE, STE 600 LAKELAND FL 33801-5269
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 AS Above Suite, Apt. #, etc.		2a. Mailing Address 26 AS Above Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/20/1997	
22 City & State		27 City & State		4. FEI Number 34-1811057 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

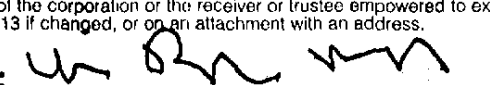
9. Name and Address of Current Registered Agent RAPAPORT, MIKE 500 S. FLORIDA AVENUE STE 600 LAKELAND FL 33801-5269		10. Name and Address of New Registered Agent 81 Name the SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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  **Michael Rapaport, Pres. & CEO** 1-9-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPAPORT, MICHAEL	1.2 NAME	
STREET ADDRESS	500 S. FLORIDA AVENUE STE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, JOHN	2.2 NAME	
STREET ADDRESS	500 S. FLORIDA AVENUE STE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEELEN, ROBERT V	3.2 NAME	
STREET ADDRESS	1324 KW ALMERE STAD POSTBUS 50069	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALMERE NETHERLANDS	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  **Pres. & CEO Michael Rapaport** 1-9-98 (94) 686-6703

CR2E034 (10/97)