

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90085 036 ***150.00

DOCUMENT # F97000005512

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

34-1811057

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **2525 Drane Field Rd**
Suite, Apt. #, etc.

22 **Suite 3**

City & State

23 **Lakeland, FL**

Zip

24 **33811**

Country

2a. Mailing Address

26 **2525 Drane Field Rd**
Suite, Apt. #, etc.

27 **Suite 3**

City & State

28 **Lakeland, FL**

Zip

29 **33811**

Country

30 **USA**

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

Mike Rapaport

82 Street Address (P.O. Box Number if Not Acceptable)

2525 Drane Field Rd

83

Suite 3

84 City

Lakeland

FL

85 Zip Code

33811

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, President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/99

12.

OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **RAPAPORT, MICHAEL**

STREET ADDRESS **500 S. FLORIDA AVENUE STE 600**

CITY-ST-ZIP **LAKELAND FL**

TITLE **ST** ☒ DELETE

NAME **COLLIER, JOHN**

STREET ADDRESS **500 S. FLORIDA AVENUE STE 600**

CITY-ST-ZIP **LAKELAND FL**

TITLE **CD** ☐ DELETE

NAME **VEELEN, ROBERT V**

STREET ADDRESS **TELEVISIEWEG 15, 1322 AC ALMERE STAD**

CITY-ST-ZIP **ALMERE NETHERLANDS**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **2525 Drane Field Rd, Suite 3**

1.4 CITY-ST-ZIP **Lakeland, FL 33811**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **2525 Drane Field Rd, Suite 3**

2.4 CITY-ST-ZIP **Lakeland, FL 33811**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **Henry Van Vliet**

3.4 CITY-ST-ZIP **Televisieweg 15, 1322 AC Almere Stad**

Almere - Netherlands

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **Michael Rapaport**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 (941) 709-0338

CR2E034 (11/98)