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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G47409** (9)

1. Corporation Name
PBS ENTERPRISES, INC.

Principal Place of Business

**590 NE 185TH STREET
N MIAMI FL 33179**

Mailing Address

**590 NE 185TH STREET
N MIAMI FL 33179-4513**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1983	3a. Date of Last Report 01/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2467595	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DADE COUNTY CORPORATE AGENTS, INC.
2500 E HALLANDALE BEACH BLVD., #800
HALLANDALE FL 33009**

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, 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	PD	1.1 TITLE	PRESIDENT
NAME	BARNETT, PAUL	1.2 NAME	KROHN, TIMOTHY
STREET ADDRESS	% 590 NE 185TH STREET	1.3 STREET ADDRESS	c/o 590 N.E. 185 Street
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	N MIAMI, FL
TITLE	ST	2.1 TITLE	VICE PRESIDENT
NAME	BARNETT, GLORIA	2.2 NAME	BARNETT, PAUL
STREET ADDRESS	% 590 NE 185TH STREET	2.3 STREET ADDRESS	c/o 590 N.E. 185 Street
CITY-ST-ZIP	N MIAMI FL	2.4 CITY-ST-ZIP	N MIAMI, FL
TITLE		3.1 TITLE	SECRETARY/TREASURER
NAME		3.2 NAME	BARNETT, GLORIA
STREET ADDRESS		3.3 STREET ADDRESS	c/o 590 N.E. 185 Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH MIAMI, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Krohn

4/29/97

305-651-1800

0243062

CR2E034 (9/96)