

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

FILED
Apr 17 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 # **H00941** (5)
1. Corporation Name
PDMS OF TAMPA BAY INC.



Principal Place of Business % JOSEPH B. STERENSIS 7401 114TH AVE N STE 501 LARGO FL 34643	Mailing Address % JOSEPH B. STERENSIS 7401 114TH AVE N STE 501 LARGO FL 34643
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6650 SUNSET WAY Suite, Apt. #, etc. 22 #214 City & State 23 ST. PETE BEACH, FL Zip 24 33706		2a. Mailing Address 26 6650 SUNSET WAY Suite, Apt. #, etc. 27 #214 City & State 28 ST. PETE BEACH, FL Zip 29 33706		3. Date Incorporated or Qualified 04/26/1984	
4. FEI Number 59-2400552		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		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 STERENSIS, JOSEPH B. 7401 114TH AVE N STE 501 SEMINOLE FL 34643		10. Name and Address of New Registered Agent 81 Name GROSSMAN, JOEL M. 82 Street Address (P.O. Box Number is Not Acceptable) 6650 SUNSET WAY #214 83 84 City ST. PETE BEACH FL 85 Zip Code 33706	
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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 *Joel M. Grossman* C.E.O. DATE **4/13/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STERENSIS, JOSEPH B. 7401 114TH AVE N STE 501 LARGO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 SUNSET WAY #214 ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERENSIS, BARBARA G. 7401 114TH AVE N STE 501 LARGO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 SUNSET WAY #214 ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSSMAN, JOEL M. 7401 114TH AVE N STE 501 LARGO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C.E.O. 6650 SUNSET WAY #214 ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSSMAN, JEFFRY H. 7401 114TH AVE N STE 151 LARGO FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6650 SUNSET WAY #214 ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or authorized 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 a attachment with an address.

SIGNATURE: *Joseph B. Sterensis* DATE: **4/13/98**
Signature typed or printed name of signing officer or director

CR2E034 (10/97)