

08241999-90006-017-\$150.00-\$150.00

199.

AMOUNT DUE ON OR BEFORE 06/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 NOV -1 PH 1:21					
DOCUMENT # H25957 1. Corporation Name PJS CORPORATION					
Principal Place of Business 210 SOUTH BROAD ST MERIDEN CT 06450			Mailing Address 210 SOUTH BROAD ST MERIDEN CT 06450 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 201 SOUTH BROAD ST Suite, Apt. #, etc.		2a. Mailing Address 26 201 SOUTH BROAD ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/17/1984	
22 MERIDEN CT City & State		27 MERIDEN CT City & State		4. FEI Number 58-2467060	
23 06450 Zip		28 USA Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 06450 Zip		29 USA Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent SCHEINER, BRUCE L. 4020 EVANS AVENUE FT. MYERS FL 33906		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 607.1506, 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 607.0606, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PO	☐ DELETE			
NAME	ARTHUR, ANNA A.				
STREET ADDRESS	48 DAFFODIL LANE				
CITY-ST-ZIP	MERIDEN CT				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
1.4 CITY-ST-ZIP					
2.1 TITLE		☐ Change ☐ Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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)(f), 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: <u>Signature of Anna A. Arthur</u> <u>Treas</u> <u>7-1-99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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