

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H36041** (2)

1. Corporation Name

P.I. SERVICES, INC.



Principal Place of Business

**1450 MADRUGA AVE #305
C/O DAVID MERMELL
CORAL GABLES FL 33146**

Mailing Address

**1450 MADRUGA AVE #305
C/O DAVID MERMELL
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified

12/12/1984

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2491130

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 c/o David Mermell

2a. Mailing Address

26 c/o David Mermell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 9200 S. Dadeland Blvd. #700

27 9200 S. Dadeland Blvd. #700

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33156

25 United States

29 33156

30 United States

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERMELL, DAVID M.
1450 MADRUGA AVE #305
CORAL GABLES FL 33146**

81 Name

Mermell, David

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

9200 South Dadeland Blvd.

83

Suite 700

84

Miami

FL

85

**Zip Code
33156**

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. 1 TITLE ☐ Change ☐ Addition

NAME **DP**
STREET ADDRESS **MERMELL, STEVE**
CITY-ST-ZIP **1450 MADRUGA AVE #305**
CORAL GABLES FL

1.2 NAME **DP**
1.3 STREET ADDRESS **MERMELL, STEVE**
1.4 CITY-ST-ZIP **8145 S.W. 107 Street Miami, FL 33156**

TITLE ☐ DELETE

2. 1 TITLE ☐ Change ☐ Addition

NAME **V**
STREET ADDRESS **MERMELL, PAM**
CITY-ST-ZIP **1450 MADRUGA #305**
CORAL GABLES FL

2.2 NAME **V**
2.3 STREET ADDRESS **MERMELL, PAM**
2.4 CITY-ST-ZIP **8145 S.W. 107 Street Miami, FL 33156**

TITLE ☐ DELETE

3. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200001752088
-03/21/96--01022--011
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mermell (V-P)

2-14-96 305/270-0703