

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

FILED

**Mar 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H36041 (2)

1. Corporation Name
P.I. SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8145 SW 107 ST C/O DAVID MERMELL MIAMI FL 33156 US	Mailing Address 8145 SW 107 ST MIAMI FL 33156 US
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3. Date Incorporated or Qualified 12/12/1984	4. FEI Number 59-2491130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 1550 South Dixie Hwy Suite, Apt. #, etc. 22 206-A City & State 23 Coral Gables, FL Zip 24 33146	2a. Mailing Address 26 1550 So Dixie Hwy. Suite, Apt. #, etc. 27 Suite 206-A City & State 28 Coral Gables Zip 29 33146 Country 30 USA
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9. Name and Address of Current Registered Agent

**MERMELL, DAVID
8145 SW 107 ST
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name
STEVEN MERMELL

82 Street Address (P.O. Box Number is Not Acceptable)
1550 So Dixie Hwy., Ste. 206-A

83

84 City
Coral Gables FL 85 Zip Code
33146

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, I, the above named corporation submit this statement for the purpose of changing the registered office or registered agent. I am a natural citizen, and accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE *[Signature]* **Pam Mermell, Vice - Pres.** DATE **2/12/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MERMELL, STEVE	
STREET ADDRESS	8145 S.W. 107 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MERMELL, PAM	
STREET ADDRESS	8145 S.W. 107 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **Pam Mermell Vice - Pres.** DATE **2/12/98** **(305) 666-0142**

CR2E034 (10/97)