

0219776

The Seal of the State of Florida is a circular emblem. It features a central shield with a palm tree, a sun, and a river. The shield is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

04-22-1999 90057 047 ***150.00

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

Principal Place of Business
1550 SOUTH DIXIE HWY
206-A
CORAL GABLES FL 33146
US

Mailing Address
1550 S DIXIE HWY
STE 206-A
CORAL GABLES FL 33146
IIS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1984

Applied For
Not Applicable

4. FBI Number
59-2491130

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 owes the current year Intangible Personal Property Tax. ☐ Yes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERMELL, STEVEN
1550 S DIXIE HWY
STE 206-A
CORAL GABLES FL 33146

81	Name	Phillip Shechter, CPA		
82	Street Address (P.O. Box Number is Not Acceptable)	7700 N. Kendall Drive, PH5		
83				
84	City	Miami	FL	85 Zip Code 33156

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 607.0505, 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**

12. XXXXXXXXXX OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE	
TITLE	DP
NAME	MERMELL, STEVE
STREET ADDRESS	8145 S.W. 107 STREET 1550 S. Dixie Hwy
CITY-STATE-ZIP	MIAMI FL 33156 #206-A, Coral Gables, FL
TTTTF	V 33146 <input type="checkbox"/> DELETE

TITLE	V	33146	<input type="checkbox"/> DELETE
NAME	MERMELL, PAM		
STREET ADDRESS	8145 S.W. 107 STREET 1550 S. Dixie Hwy, #206A		
CITY-ST-ZIP	MIAMI FL 33156 Coral Gables FL 33146		

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	

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)(j), 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, with all other like empowered.

SIGNATURE:

INTERNAL REQUIRED

4/9/99

305/666-0142
Daytime Phone #

CR2E034 (11/98)