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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H82009

(2)

1. Corporation Name
PERSONALLY YOURS SERVICES, INC.



Principal Place of Business
1800 W. 49TH ST., STE 309
HIALEAH FL 33012

Mailing Address
1800 W. 49TH ST., STE 309
HIALEAH FL 33012-2947

3. Date Incorporated or Qualified
10/22/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2597845

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

9. Name and Address of Current Registered Agent

REISER, JACQUELINE B.
372 COCONUT CIR
FT LAUDERDALE 33326

10. Name and Address of New Registered Agent

81 Name

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

1800 West 49th Street

83 Suite 309

84 City
Hialeah

FL

85 Zip Code

33012

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD
REISER, JACQUELINE B.
372 COCONUT CIR
FT LAUDERDALE FL

☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

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1.92 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/97

305-822-0688

CR2E034 (9/96)