

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

FILED
May 05 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 # J19986 (5)
 1. Corporation Name
PRESIDENTIAL GROUP SOUTH, INC.



Principal Place of Business: **135 W PINEVIEW ST STE. #137 ALTAMONTE SPRINGS FL 32714 US**
 Mailing Address: **135 W PINEVIEW ST STE. #137 ALTAMONTE SPRINGS FL 32714-2006 US**

3. Date Incorporated or Qualified: **06/17/1986** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-2733791** 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: **21 135 W. PINEVIEW ST** Suite, Apt. #, etc.:
 2a. Mailing Address: **26 135 W. PINEVIEW ST** Suite, Apt. #, etc.:
 City & State: **23 ALTAMONTE SPRINGS, FL** City & State: **28 ALTAMONTE SPRINGS, FL**
 Zip: **24 32714** Country: **25 U.S.** Zip: **29 32714** Country: **30 U.S.**

9. Name and Address of Current Registered Agent
GUADAGNINO, ANTHONY
135W PINEVIEW ST
STE. 137
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
 81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable): **135 W. PINEVIEW STREET**
 83:
 84 City: **ALTAMONTE SPRINGS** FL 85 Zip Code: **32714**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	GUADAGNINO, ANTHONY	
STREET ADDRESS	402 TWISTING PINE CIR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DS	<input type="checkbox"/>
NAME	GUADAGNINO, NANCY	
STREET ADDRESS	402 TWISTING PINE CIR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: _____ (Handwritten signatures)

CR2E034 (9/96)