

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 # J45761 (0)

1. Corporation Name

PSR TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

1737 NW 88TH WAY  
CORAL SPRINGS FL 33071

1737 NW 88TH WAY  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

12/03/1986

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 11062 SO. MILITARY TR 26 11062 SO. MILITARY TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 422

27 SUITE 422

City & State

City & State

23 BOYNTON BEACH FL

28 BOYNTON BEACH FL

Zip

Country

Zip

Country

24 33436

25 PALM BEACH

29 33436

30 PALM BEACH

4. FEI Number

65-0004642

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

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

10. Name and Address of New Registered Agent

BLOMBERG, DOUGLAS W.  
1737 NW 88TH WAY  
CORAL SPRINGS FL 33071

81 Name

BLOMBERG DOUGLAS W.

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

11062 SO. MILITARY TR

83

SUITE 422

84

BOYNTON BEACH

FL

85 Zip Code

33436

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 BLOMBERG, DOUGLAS W.

Douglas W. Blomberg

4-14-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BLOMBERG, DOUGLAS W.  
STREET ADDRESS 1737 NW 88TH WAY  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VS ☐ DELETE

NAME BLOMBERG, CAROL  
STREET ADDRESS 1737 NW 88TH WAY  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

11062 SO. MILITARY TR STE. 422  
BOYNTON BEACH FL 33436

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

11062 SO. MILITARY TR. STE 422  
BOYNTON BEACH FL 33436

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Carol M Blomberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

Date

404-733-9277

Daytime Phone #

CR2E034 (12/95)