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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45761

(0)

Mailing Address

PSR TECHNOLOGIES, INC.

F	ILE	D
Jan 31 1	997	8:00am
Secret	ary (of State

11062 SO. MILITARY TRAIL SUITE 422 BOYNTON BEACH FL 33436 US		11062 SO MILITARY TR SUITE 422 BOYNTON BEACH FL 33436-7217 US			i	3. Date Incorporated or Qualified		te of Last R	leport			
1								12/03/1986	04/	18/1996		
2. Principal Pla	ace of Busines	SS	2a. Mailing Addre	ess				4. FEI Number		Ar	oplied For	
21			26					65-0004642			ot Applicable	
Suite, Apt. #	#, etc		Suite, Apt. #,	elc.				6. Certificate of Status Desired		•	Additional equired	
City & State	D		City & State		· · · · · · · · · · · · · · · · · · ·			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zip 24	25		Zip Country 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	g. Name ar	nd Address of Curren	t Registered Agent			,		10. Name and Address of New Re-	gistered #	(gent		
BLO	MBERG, DO	uglas w			81	Name)				j	
1106	62 SO MILIT/	ary trail			82	Stree	t Addres	s (P.O. Box Number is Not Acceptab	le)			
SUIT	TE 422											
BOY	inton beac	H FL 33436			83							
					84	City			FL	85 Zip	Code	
11. Pursuant to office or reagent. Lar	to the provision egistered ager m familiar with,	ns of Sections 607.050 nt, or both, in the State , and accept the obliga	2 and 607.1508, Florid of Florida. Such chan alions of, Section 607.0	la Statutes, ge was auth 0505, Florida	the abov orized by a Statute	e-name y the co s.	d corpor rporation	ation submits this statement for the p o's board of directors. I hereby accep	urpose of it the appo	changing it sintment as	is registered registered	
SIGNATURE	Florida	printed name of registered ago	as and tall if applicable	ANOTE D	nintara d Am	unt alconti		when releases in a	DATE			
	Signature, typica or	OFFICERS AND	****	INUIE HE	13.	ent signatu	Le Ledinsed	when releasating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	DC IN 12	
12.	PTD	OF TOLING AND	DE DE	LETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ENO AND	Change	Addition	
NAME		G, DOUGLAS W.	beard		1.2 NAME							
STREET ADDRESS		MILITARY TRIAL, SI	JITE 422			ADDRESS		•				
CITY-ST-ZIP		BEACH FL		i	1.4 CITY-5		'					
TITLE	VS		□ DE	LETE	2.1 TITLE	11.51t			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	BLOMBER	G. CAROL			2.2 NAME							
STREET ADDRESS		MILITARY TRIAL, SU	JITE 422		2.3 STREE	r Annaess						
CITY-ST-ZIP		BEACH FL			2. 4 CITY-							
TITLE			DE	LETE	3.1 TITLE	01 411			1.0	Change	Addition	
NAME					3.2 NAME				,	- •		
STREET ADDRESS					3.3 STREET	T ADDRESS						
CIFY-\$1-7IP					3.4. CITY-							
TITLE			DE	LETE	4.1 TITLE	Q1 E.I.	+	······································	····	Change	Addition	
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREET	T ADDRESS	.					
CHTY-ST-ZIP					4.4 CITY - 5							
TITLE			DE	LETE	5.1 TITLE		1	11 	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME					5.2 NAME						_	
STREET AUDRESS						F ADDRESS						
CITY-ST-ZIP					5.4 CITY - 1		1					
TITLE			DE	LETE	6.1 TITLE					Change	Addition	
NAME					6.2 NAME							
STREET ADDRESS						T ADDRESS						
CITY - ST - 7IP					6.4 CITY-1							
	ov certify that t	he information sunnilier	d with this filing does r	not qualify to			stated in	Section 119 07(3)(i) Florida Statuter	e Lludher	certify that	the	

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

CALL M SUMMUS—
BIGNATURE AND TYPED OF PRINTED NAME OF BIGNI

CAROL

BLOY BEEC

1-14

341-739-927

Daytime Phone #

:RZE034 (9/5