

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:46

DOCUMENT # **K30537 (0)**
1. Corporation Name
PERSONAL SHOPPING AND CONSULTING, INC.

Principal Place of Business Mailing Address
% EVELYN SEAMAN CASE
627 KEARNEY ROAD
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **06/03/1994**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. P.O. Box 12040
22. City & State 27. City & State
23. Zip Country 28. Ft. Pierce, Florida
24. 25. 29. 34979-2848 30. St. Lucie

4. FEI Number **65-0071912** 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

CASE, EVELYN SEAMAN
627 KEARNEY RD.
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 of the current registered agent and the filer

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	CASE, EVELYN SEAMAN
STREET ADDRESS	627 KEARNEY ROAD
CITY - ST - ZIP	FT PIERCE FL
TITLE	TD
NAME	CASE, EVELYN SEAMAN
STREET ADDRESS	627 KEARNEY ROAD
CITY - ST - ZIP	FT PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 do hereby certify that the information reported with this filing, voluntarily furnished and checked, not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I do hereby certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect and make under oath; that I am an eligible candidate of the corporation; that in the event of a change of ownership, the report as prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing, is an eligible agent with an address.

SIGNATURE: *Evelyn S. Case* *Evelyn S. Case* **2/14/95** **(407) 461-1969**
SIGNATURE AND EXPIRED REGISTERED NAME OF SIGNER OF THIS DOCUMENT