

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K46417** (7)

1. Corporation Name  
**PROJECT SCHEDULING SERVICES, INC.**



Principal Place of Business <b>440 E SAMPLE ROAD 206 440 E. SAMPLE RD # 101A POMPANO BEACH FL 33064 US</b>	Mailing Address <b>440 E SAMPLE ROAD 206 440 E. SAMPLE RD # 101A POMPANO BEACH FL 33064 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12794 W. FOREST HILL BLVD</b> Suite, Apt. #, etc. 22 <b>SUITE 14C</b> City & State 23 <b>WELLINGTON FL</b> Zip 24 <b>33414</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>12794 W. FOREST HILL BLVD</b> Suite, Apt. #, etc. 27 <b>SUITE 14C</b> City & State 28 <b>WELLINGTON, FL</b> Zip 29 <b>33414</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>11/16/1988</b>	4. FEI Number <b>65-0090561</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**JOHNSON, ROBERT J.  
440 E SAMPLE RD  
SUITE 101A  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name <b>JOHNSON, ROBERT J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2437 FAWN DRIVE</b>
83 <b>LOXAHATCHEE</b>
84 City <b>FL</b> 85 Zip Code <b>33470</b>

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, ROBERT J. 2955 NE 19 ST POMPANO BEACH FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2437 FAWN DRIVE LOXAHATCHEE, FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUMPH, HAROLD H. 9634-A BOCA GARDENS CIRCLE, N BOCA RATON FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: **Harold H. Rumph** **Harold H. RUMPH** **4/7/98** **561 753 2323**

CR2E034 (10/97)