

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 # **K47789** (8)

1. Corporation Name

PSCU SERVICE CENTERS, INC.



Principal Place of Business

**560 CARILLON PKWY
ST. PETERSBURG FL 33716
US**

Mailing Address

**PO BOX 31216
ST. PETERSBURG FL 33631
US**

3. Date Incorporated or Qualified

11/29/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2922309

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

10. Name and Address of New Registered Agent

**SERLO, DAVE
560 CARILLON PKWY
ST. PETERSBURG FL 33716**

81 Name

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

83

84 City

FL

85 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 typed or printed name of registered agent (and title if applicable)

(If Officer Registered Agent Signature Required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, JOHN	
STREET ADDRESS	400 TOWN CENTER	
CITY-ST-ZIP	DEARBORN MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLING, JOHN	
STREET ADDRESS	101 S. BARRANCO	
CITY-ST-ZIP	COVINA CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SERLO, DAVID	
STREET ADDRESS	100 CARILLON PWY #300	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOKUM, JEAN	
STREET ADDRESS	1055 W. MERCURY BLVD.	
CITY-ST-ZIP	HAMPTON VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, BEN	
STREET ADDRESS	2000 WESTWOOD DRIVE	
CITY-ST-ZIP	WAUSAU WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	S/D
1.2 NAME	BARANOWSKI, ED
1.3 STREET ADDRESS	3075 ALAFAYA TRAIL #300
1.4 CITY-ST-ZIP	ORLANDO, FL. 32826
2.1 TITLE	C/D
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VC/D
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	T/D
5.2 NAME	SHARP, LARRY
5.3 STREET ADDRESS	2121 N.D. STREET
5.4 CITY-ST-ZIP	SAN BERNARDINO, CA. 92405
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

(813) 571-4612

CR2E034 (12/95)