

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K92329 (7)

1. Corporation Name

PROJECT STRATEGIES CORPORATION



Principal Place of Business

245 N OCEAN BLVD
#304
DEERFIELD BEACH FL 33441

Mailing Address

245 N OCEAN BLVD
#304
DEERFIELD BEACH FL 33441

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/01/1989

3a. Date of Last Report

03/01/1995

4. FFI Number

65-0123976

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

ZISKIND, STEPHEN, A
3401 N FEDERAL HWY #209
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Stephen A. Ziskind

82 Street Address (P.O. Box Number is Not Acceptable)
1035 S. Federal Hwy, #410

83

84 City Delray Beach

FL

85 Zip Code 33483

11. Pursuant to the provisions of Sections 607.05(2) and 607.1503, 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 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

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CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

9. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

President
Ziskind, Stephen A.
1035 South Federal Hwy, #410
Delray Beach, FL 33483

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Ziskind

2-20-96 954-426-9800

CR2E034 (12/95)