

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L60764** (2)

1. Corporation Name  
**PSYCHICS, INC.**



Principal Place of Business      Mailing Address  
**% LINDA GEORGIAN**  
**2726-CENTER AVE** *1565 WYN COVE DR*  
**FT LAUDERDALE FL 33308** *VERO BEACH, FL*  
*32963*      **% LINDA GEORGIAN**  
**2726-CENTER AVE** *1565 WYN COVE DRIVE*  
**FT LAUDERDALE FL 33308** *VERO BEACH, FL*  
*32963*

3. Date Incorporated or Qualified **03/28/1990**      3a. Date of Last Report **02/09/1995**  
4. FEI Number **65-0242697**      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

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      Zip      Country      Country  
24      25      29      30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEORGIAN, LINDA**  
**-2726-CENTER AVE** *1565 WYN COVE DR.*  
**-FT LAUDERDALE FL 33308** *VERO BEACH, FL 32963*

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 *Linda Georgian*

(NOTE: Registered Agent Signature is filed when not in the g)

*4/12/96*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **GEORGIAN, LINDA**  
CITY-ST-ZIP **2726-CENTER AVENUE 1565 WYN COVE DRIVE**  
**FT LAUDERDALE FL VERO BEACH, FL 32963**  
TITLE ☐ DELETE  
NAME **DVS**  
STREET ADDRESS **GEORGIAN, LINDA**  
CITY-ST-ZIP **-2726-CENTER AVE 1565 WYN COVE DR**  
**-FT LAUDERDALE FL VERO BEACH, FL 32963**  
TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **GEORGIAN, LINDA**  
CITY-ST-ZIP **2726-CENTER AVE 1565 WYN COVE DR.**  
**FT LAUDERDALE FL VERO BEACH, FL 32963**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Linda Georgian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/96*  
DATE

Daytime Phone #

CR2E034 (12/95)