PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPART Kathering Secretary DIVISION OF CO	MENT OF STATE e Harris of State	FILE Mar 01, 199 Secretary 03-01-1999 90026 0	9 8:00 a of State	m
1. Corporation Name	2329					
P.S.A.M.S., INC.						
Principal Place of Business		ing Address				
% RON A RHOADES. ESQ % RON A RHOADES. ESO 2420 NORTH ESSEX AVENUE 2420 NORTH ESSEX AVENUE HERNANDO FL 34442 HERNANDO FL 34442 US US			<u>-</u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
75	00			06/19/1990		
2. Principal Place of Business		Mailing Address		4. FEI Number	Applied Fo	
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-3079945	Not Applic	
2	27			5. Certifcate of Status Desired	Fee Required	
City & State	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	•
Zip Country 25	29	Zip	Country	<ol> <li>8. This corporation owes the current year Personal Property Tax.</li> </ol>	Intangible	
	ss of Current Registe			10. Name and Address of New Register		
Rhoades, Ron, A 2420 North Essex Avei Hernando FL 34442	NUE		82 Street Add 242 83	PADES (Xan An ress (P.O. Box Number is Not Acceptable) N. Ester A.C.		
11. Durauant to the provisions of Sort	ions 607 0502 and 607	7 1508 Florida Statutes	84 City	$\mathcal{N}(\mathcal{A}\mathcal{A}) \supset \mathbf{F}$	L 85 Zip Code	
	Fhore	۸	Her	oration submits this statement for the purpose on's board of directors. I hereby accept the ap 1/2 Y ad when reinstating) DATE	C BUYYE of changing its registered pointment as registered	red 1
SIGNATURE Signature, typed or printed name	Fhore	Applicable (NOTE: R TORS	s, the above-named corp horized by the corporation da Statutes. Registered Agent signature require 13.	poration submits this statement for the purpose on's board of directors. I hereby accept the ap 1/2 Y	L   P4442 of changing its registered /P9 AND DIRECTORS IN	red 1
SIGNATURE Signature, typed or printed name	of registered agent and title if a	Applicable (NOTE: R	s, the above-named corp horized by the corporati Ja Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap 1/2 Y ad when reinstating) DATE	L   P4442 of changing its registered / P9 AND DIRECTORS IN	red 1 - 12
SIGNATURE Signature, typed or printed name 12. OF TITLE D NAME ROBINSON, MARY STREET ADDRESS 2305 HWY 44 W, S	of registered agen and title if a FFICERS AND DIREC	Applicable (NOTE: R TORS	s, the above-named corporation to the corporation of the corporation o	oration submits this statement for the purpose on's board of directors. I hereby accept the ap 1/2 Y ad when reinstating) DATE	L   P4442 of changing its registered /P9 AND DIRECTORS IN	red 1 - 12
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