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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M37454 (9)

**1. Corporation Name
PBS SERVICE CORPORATION**

**Principal Place of Business Mailing Address
1818 S. AUSTRALIAN AVE. 1818 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33409 W. PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/27/1986 3a. Date of Last Report 05/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2719476		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, GREGORY E. 1818 S. AUSTRALIAN AVE. SUITE 400 W. PALM BEACH FL 33409				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: Gregory E. Smith (Signature, typed or printed name of registered agent and title if applicable) **DATE:** (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GREGORY E.	12 NAME	
STREET ADDRESS	1818 S. AUSTRALIAN AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	14 CITY - ST - ZIP	
TITLE	C	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISSOT, BRUCE C.	22 NAME	Delaney, Lynn K.
STREET ADDRESS	1818 S AUSTRALIAN AVE.	23 STREET ADDRESS	1818 S Australian Ave
CITY - ST - ZIP	WEST PALM BEACH FL	24 CITY - ST - ZIP	West Palm Beach FL
TITLE	DP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRELECKI, RICHARD	32 NAME	
STREET ADDRESS	1818 S AUSTRALIAN AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	34 CITY - ST - ZIP	
TITLE	DVP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMILIAN, STEVEN T.	42 NAME	
STREET ADDRESS	1818 S. AUSTRALIAN AVE.	43 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	44 CITY - ST - ZIP	
TITLE	VP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGGY CONGDON, PEGGY A.	52 NAME	
STREET ADDRESS	1818 S AUSTRALIAN AVE.	53 STREET ADDRESS	
CITY - ST - ZIP	WPB. FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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: Gregory E. Smith (Signature and typed name of signing officer or director) **DATE: 4/29/95** **407 654-1100** (Office Phone #)