

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M39994 (2)

1. Corporation Name  
PUBLISHING SYSTEMS INTERNATIONAL, INC.



Principal Place of Business

2441 N.W. 93RD. AVE  
#108  
MIAMI FL 33172  
US

Mailing Address

2441 N.W. 93RD. AVE  
#108  
MIAMI FL 33172-4800  
US

3. Date Incorporated or Qualified  
10/12/1986

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

21 2620 W. 84<sup>th</sup> Street  
Suite, Apt. #, etc.

2a. Mailing Address

26 2620 W. 84<sup>th</sup> Street  
Suite, Apt. #, etc.

4. FEI Number  
59-2740912

Applied For  
Not Applicable

22 City & State

23 HIALEAH, FL

24 33016 25 USA

27 City & State

28 HIALEAH, FL

29 33016 30 USA

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

MICHAEL W. WEAD  
8431 N.W. 197TH TENACE  
MIAMI FL 33015

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME WEAD, MICHAEL W.  
STREET ADDRESS 8431 NW 197TH TERR  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME MICHAEL W. WEAD  
1.3 STREET ADDRESS 4321 NW 3rd Street  
1.4 CITY-ST-ZIP COCONUT CREEK, FL 33066

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
2.2 NAME DIANE A. LYON-WEAD  
2.3 STREET ADDRESS 4321 NW 3rd Street  
2.4 CITY-ST-ZIP COCONUT CREEK, FL 33066

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael W. Wead* MICHAEL W. WEAD 1-11-97 305-556-6336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)