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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # M46419

(1)

PROFESSIONAL SERVICE SYSTEMS, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State



| Principal Place   | e of Business  | Mailing Address                         |   |  |                                   |  |
|---|--|---|---|--|-----------------------------------|--|
| 13730 S.R. 84   | -T   | 13730 S.R. 84 - T                       |   | Ì  |                                   |  |
| DAVIE FL 333  | 25   | DAVIE FL 33325                          |   | DO NOT INDITE IN THE   | 0.004.00                          |  |
|   |  |   |   | DO NOT WRITE IN THI  | 5 SPACE                           |  |
|   |  |   |   | 3. Date Incorporated or Qualified  |                                   |  |
| O Principal D   | loss of Runings  | On Mailing Address                      | <del></del>   | 02/11/1987<br>4. FEI Number  | 14 11 12                          |  |
| - Li.   | lace of Business   | 2a. Mailing Address                     | لک ممیر   | 1  | Applied For                       |  |
|   | 1 - ayubus   |   | <u>gura 5t</u>  | 59-2784197   | Not Applicable                    |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                     |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |  |
| City & Crot   |  | City & State                            |   |  |                                   |  |
|   |  |   | of Fl   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be                     |  |
| 23 <u>(23)</u> (3)  | Country Country  | 28 Coral Gab                            | Country   |  | Added to Fees                     |  |
|   |  |   | J ÜSA   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No |                                   |  |
| 9. Name and Address of Current Registered Agent   |  |   | 0, 0 - 1  | 10. Name and Address of New Registered Agent   |                                   |  |
| CHAFETZ, EILEEN  B1 Name  |  |   |   |  |                                   |  |
|   |  |   |   |  |                                   |  |
| 999 WASINGTON AVENUE  |  |   | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                   |  |
| MIAMI BEACH FL 33139  |  |   |   |  |                                   |  |
|   |  |   | [5]   |  |                                   |  |
|   |  |   | 84 City   |  | 85 Zip Code                       |  |
|   |  |   |   | F  |                                   |  |
| 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 a  | m familiar with, and accept the of   | oligations of Section 607.0505, Florid  | da Statutes.  | ,  |                                   |  |
| SIGNATURE   |  |   |   |  |                                   |  |
|   | Signature, typed or printed name of registered   |   | Registered Agent signature                            | <u> </u>   |                                   |  |
| 12.   |  | AND DIRECTORS  524 DELETE               | 13.   | ADDITIONS/CHANGES TO OFFICERS A  | Change Addition                   |  |
| TITLE   | PD DOMALO  | DET-DELETE                              | 1.1 TITLE   | DONALD Troise  | TE CHANGE   MODITION              |  |
| NAME  | BURNS, DONALD  |   | 1.2 NAME  | DONALD Troise<br>4/01 LAGINAST CON<br>COLAL GABLES 3   | cal Cables                        |  |
| STREET ADDRESS  | 14090 SW 26 CT   | 1                                       | . 1.3 STREET ADDRESS                                  | 4601 LAGUNAST. CO.   | a wed                             |  |
| CITY-ST-ZIP   | DAVIE FL   |   | 1.4 CITY - ST - ZIP                                   | COTAL GABLES 3   | 2190                              |  |
| TITLE   | TDS  | DELETE                                  | 2.1 TITLE   | Barris Rangella  | Change Addition                   |  |
| NAME  | BURNS, MARY  |   | 2.2 NAME  | Davia Drunelle   |                                   |  |
| STREET ADDRESS  | 14090 SW 26 CT   |   | 2.3 STREET ADDRESS                                    | 4101 Lagurast  | 221111-                           |  |
| CITY-ST-ZIP   | DAVIE FL   |   | 2.4 CITY-ST-ZIP                                       | 90,0000  | 33146                             |  |
| TITLE   |  | ☐ DELETE                                | 3 1 TITLE   | VP   | Change Addition                   |  |
| NAME  |  | i                                       | 3.2 NAME  | William Troise   |                                   |  |
| STREET ADDRESS  |  |   | 3.3 STREET ADDRESS                                    | 4101 Lagunge ST  | (1                                |  |
| CITY-ST-ZIP   |  |   | 3.4. CITY-ST-ZIP                                      | coral Gables F1:   | 33146                             |  |
| TITLE   |  | ☐ DELET <b>E</b>                        | 4.1 TITLE   |  | Change Addition                   |  |
| NAME  |  |   | 4. 2 NAME   | •  |                                   |  |
| STREET ADDRESS  |  |   | 4.3 STREET ADDRESS                                    |  |                                   |  |
| CITY-ST-ZIP   |  |   | 4.4 CITY - ST - ZIP                                   |  | - <u>-</u>                        |  |
| TITLE   |  | ☐ DELET <b>E</b>                        | 5.1 THLE  |  | Change Addition                   |  |
| NAME  |  |   | 5.2 NAME  |  |                                   |  |
| STREET ADDRESS  |  |   | 5.3 STREET ADDRESS                                    |  |                                   |  |
| CITY-ST-ZIP   |  |   | 5.4 CITY - S1 - ZIP                                   |  |                                   |  |
| TITLE   |  | DELETE                                  | 6.1 TITLE   |  | Change Addition                   |  |
| NAME  |  |   | 62 NAME   |  |                                   |  |
| STREET ADDRESS  |  |   | 6.3 STREET ADDRESS                                    |  |                                   |  |
| CITY-ST-ZIP   |  |   | 6.4 CITY - ST - ZIP                                   |  |                                   |  |
| 14. I hereby c  | ertify that the information supplied   | with this filing does not qualify for t | he exemption state                                    | d in Section 119.07(3)(i), Florida Statutes. I further   | certify that the information      |  |
| indicated   | on this annual report or supplementation of the corporation of the cor | intal annual report is true and accura  | ate and that my sig                                   | nature shall have the same legal effect as if made required by Chapter 607, Florida Statutes; and that         | under oath; that I am an          |  |
| Block 12 (  | or Block 13 if changed or oryan a  | itlachment with an address.             |   | Onancia dor, ribilda diatoles, and ina   | any namo appoars m                |  |
|   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |   | 1.161   | Much account   |                                   |  |