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NONPROFIT CORPORATION ANNUAL REPORT
· 1997

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

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***70.00

DOCUMENT # N09505

1. Corporation Name
PICK USERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: MAY 29, 1985
3a. Date of Last Report: 9/18/96

2. Principal Place of Business	2a. Mailing Address
21 3803 LITTLE AVE	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: COCONUT GROVE, FL.	28 City & State
24 Zip: 33133 25 Country: USA	29 Zip 30 Country

4. FEI Number: ~~N09505~~ 65-0096993 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHN W. POWERS 3803 LITTLE AVE COCONUT GROVE, FL. 33133	81 Name: JOHN W. POWERS 82 Street Address (P.O. Box Number is Not Acceptable): 3803 LITTLE AVE 83 COCONUT GROVE NO CHANGE 84 City FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RALPH SANDERS	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT P/D RALPH SANDERS 900 S.W. 11 AVE FT. LAUDERDALE, FL. 33315	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT V/D MICHAEL HOLLAR 6201 U.S. 41 NORTH #2222 PALMETTO, FL. 34221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY S/D PAT HOOTEN 5255 NW 159 ST HIALEAH FL. 33014	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	EXECUTIVE DIRECTOR D JOHN W. POWERS 3803 LITTLE AV COCONUT GROVE, FL. 33133	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	EXECUTIVE DIRECTOR, SP. EVENTS D BECKY PIEL 1601 CLINT MOORE RD, STE 300 BOCA RATON, FL. 33487	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	EXECUTIVE ADMINISTRATOR D JOAN H. MORRIS 3803 LITTLE AVE COCONUT GROVE, FL. 33133	☒ Change ☐ Addition

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan H. Morris 4/30/97 (305) 448-5106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #