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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09505** (1)

1. Corporation Name

PICK USERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3803 LITTLE AVE.
COCONUT GROVE FL 33133**

**3803 LITTLE AVE.
COCONUT GROVE FL 33133**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWERS, JOHN W
3803 LITTLE AVE.
COCONUT GROVE FL 33133**

81 Name **JOAN H. MORRIS**

82 Street Address (P.O. Box Number is Not Acceptable)
3803 LITTLE AVE.

83

84 City **COCONUT GROVE**

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

Joan H. Morris

JOAN H. MORRIS

3/20/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☐ DELETE
NAME **SANDERS, RALPH**
STREET ADDRESS **900 SW 11TH AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **LARRY JOHANSEN**
1.3 STREET ADDRESS **3570 CONSUMER ST. UNIT 7**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL. 33404**

TITLE **VD** ☐ DELETE
NAME **HOLLAR, MICHAEL**
STREET ADDRESS **6201 U.S. 41 NORTH #2222**
CITY-ST-ZIP **PALMETTO FL 34221**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **PAT HOOTEN**
2.3 STREET ADDRESS **5255 N.W. 159 ST.**
2.4 CITY-ST-ZIP **HALEAH, FL. 33014**

TITLE **SD** ☐ DELETE
NAME **HOOTEN, PAT**
STREET ADDRESS **5255 N.W. 159 ST**
CITY-ST-ZIP **HALEAH FL 33014**

3.1 TITLE **S.D.** ☒ Change ☐ Addition
3.2 NAME **DONNA HOLDSWORTH**
3.3 STREET ADDRESS **3380 S.W. 11 AVE.**
3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33315**

TITLE **ED** ☐ DELETE
NAME **POWERS, JOHN W**
STREET ADDRESS **3803 LITTLE AVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

4.1 TITLE **SAME** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **ED** ☐ DELETE
NAME **PIEL, BECKY**
STREET ADDRESS **1801 CLINTMOORE RD., STE 300**
CITY-ST-ZIP **BOCA RATON FL 33487**

5.1 TITLE **LEE BACALL (T.D.)** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **1640 RIVERLAND RD.**
5.4 CITY-ST-ZIP **TAMARAE, FL. 33312**

TITLE **EAD** ☐ DELETE
NAME **MORRIS, JOAN H**
STREET ADDRESS **3803 LITTLE AVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

6.1 TITLE **SAME** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 **JOAN H. MORRIS**

3/20/98 (305) 448-5106

CR2E037 (10/97)