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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004062 (3)

1. Corporation Name
PERSONAL BEST CASE MANAGEMENT SERVICES, INC.



Principal Place of Business: 2100 NE 22ND ST FT LAUDERDALE FL 33305
Mailing Address: 2100 NE 22ND ST FT LAUDERDALE FL 33305-1544

3. Date Incorporated or Qualified: 08/05/1996
3a. Date of Last Report: _____

| | | | |
|--|-------------------------|--|--------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 65-0684077 | Applied For: Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired: <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent ROOSA, DAVID A 2100 NE 22ND ST FT LAUDERDALE FL 33305 | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code: FL |
|--|---|

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: WA
(NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE: Elizabeth McGough (Director) | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: Elizabeth McGough | | 1.2 NAME: Linda Salup-Schmidt | |
| STREET ADDRESS: 273 Fielding Ferndale, Michigan | | 1.3 STREET ADDRESS: 122 Menores #4 | |
| CITY-ST-ZIP: Ferndale, Michigan 48220 | | 1.4 CITY-ST-ZIP: Coral Gables, FL 33134 | |
| TITLE: David A. Roosa | <input type="checkbox"/> DELETE | 2.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: David A. Roosa | | 2.2 NAME: _____ | |
| STREET ADDRESS: 2100 NE 22nd St, Fort Laud FL 33305 | | 2.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: Fort Laud FL 33305 | | 2.4 CITY-ST-ZIP: _____ | |
| TITLE: David E. Ratchler | <input type="checkbox"/> DELETE | 3.1 TITLE: _____ | |
| NAME: David E. Ratchler | | 3.2 NAME: _____ | |
| STREET ADDRESS: 2100 NE 22nd St, Ft. Laud, FL 33305 | | 3.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: Ft. Laud, FL 33305 | | 3.4 CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 4.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | | 4.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 4.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 4.4 CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 5.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | | 5.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 5.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 5.4 CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> DELETE | 6.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | | 6.2 NAME: _____ | |
| STREET ADDRESS: _____ | | 6.3 STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIG (L) LULO NE (P) (M) (A) 4-28-97 954.566.3876

CR2E037 (9/96)