

FILE NOW: FILING FEE IS \$61.25

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Feb 12 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 # **N96000004062 (3)**

1. Corporation Name

PERSONAL BEST CASE MANAGEMENT SERVICES, INC.



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

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0684077

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2371 NW 33rd Street Suite, Apt. #, etc.	26 2371 NW 33rd Street Suite, Apt. #, etc.
22 #711 City & State	27 #711 City & State
23 Fort Lauderdale, FL Zip Country	28 Fort Lauderdale, FL Zip Country
24 33309 25 USA	29 33309 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

ROOSA, DAVID A
2100 NE 22ND ST
FT LAUDERDALE FL 33305

81 Name	David A. Roosa
82 Street Address (P.O. Box Number is Not Acceptable)	2371 NW 33rd Street
83	#711
84 City	Fort Lauderdale
85 Zip Code	FL 33309

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

David A. Roosa

David A. Roosa

2/02/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	SALUP-SCHMIDT, LINDA	
STREET ADDRESS	122 MENORES., #4	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	
NAME	ROSSA, DAVID A	
STREET ADDRESS	2100 NE 22ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	
NAME	RATCLIFFE, DAVID E	
STREET ADDRESS	2100 NE 22ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elizabeth McGough	
3.3 STREET ADDRESS	273 Fielding	
3.4 CITY-ST-ZIP	Ferndale, Michigan 48220	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David A. Roosa

David A. Roosa

2/02/98

954.717.4599

CP2EC07 (10/97)