

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 049 ****61.25

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1. Corporation Name

PERSONAL BEST CASE MANAGEMENT SERVICES, INC.

Principal Place of Business

2371 NW 33RD ST #711
FT LAUDERDALE FL 33309
US

Mailing Address

2371 NW 33RD ST #711
FT LAUDERDALE FL 33309
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 44 Madrina Ave	26 44 madrina Ave	08/05/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 #1	27 #1	65-0684077
City & State	City & State	Applied For
23 Coral Gables	28 Coral Gables	Not Applicable
Zip	Country	5. Certificate of Status Desired
24 33134	25 Dade	29 33134 30 Dade
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

ROOSA, DAVID A
2371 NW 33RD ST #711
FT LAUDERDALE FL 33309

new address

81 Name	David A. Roosa
82 Street Address (P.O. Box Number is Not Acceptable)	44 Madrina #1
83	Coral Gables
84 City	FL
85 Zip Code	33134

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 DATE 9/1/99
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALUP-SCHMIDT, LINDA	1.2 NAME	
STREET ADDRESS	122 MENORES., #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSA, DAVID A	2.2 NAME	
STREET ADDRESS	2100 NE 22ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH MCGOUGH	3.2 NAME	
STREET ADDRESS	273 FIELDING	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNDAL MI 48220	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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED David A. Roosa, 9/1/99 DATE 305.476.8381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/99)