FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P93000006514** (2)

FILED Jan 27 1997 8:00am Secretary of State

P.S.J. INVESTMENTS, INC. Principal Place of Business Mailing Address 200 WILLARD STREET COCOA FL 32922 COCOA FL 32922-8001										
		s or ale				3. Date Incorporated or Qualified		ate of Last R	eport	7
9 Principal I	Place of Business		2a. Mailing Address			01/22/1993 - 4. FEI Number	06/25/1996			-
21	lace of ogs less	h	26			59-3179849	Applied For Not Applicable			1
Suite, Apt. #, etc.		Suite, Apt #, etc.							Additional	4
22		27				5. Certificate of Status Desired			equired	
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	May Be]
23		28				Trust Fund Contribution			to Fees	4
Zip 24	Country	Zip		untry		This corporation has liability for Florida Statutes	intangible Yes		199.032,	
24	25 9, Name and Address of Curi	29 rent Registered Agent	30	Τ		10. Name and Address of New R				4
SEL	IG, WILLIAM			81	Name					
	WILLARD STREET			82	Stroot An	Idress (P.O. Box Number is Not Accepta	blo)			4
	OA FL 32922			32	Street At	ioress (F.O. Box Number is Not Accepta	ופוע			
				83]
				84	City			85 Zip	Code	-
					,		FL	. ` `		╛
SIGNATURE	registered agent or both, in the Sta am familiar with, and accept the ob- Styrobie, typed or protest name of registrood					orporation submits this statement for the ration's board of directors. I hereby acce	DATE	ointment as	registered	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	18
TELF	D	DELETE	1.1 T	ITLE				Change	Addition	ð
NAME	PRICE, EARL J		1.2 N	IAME						5
STREET ADDRESS	L ···		1.3 S	TREET	ADD9ESS					١
CITY - S1 - ZIP	MERRITT ISLAND FL 32953	DELETT'		ITY-S	T-ZIP					٦ğ
TITLE	D Selig, William M	☐ DELETE	211					L Change	☐ Addition	1
NAME STREET ADDRESS	AAA HIII AAAA AYAAFET		2.2 M		1 D D D C C C					
CITY-ST-74	COCOA FL 32922				ADDRESS ST-ZIP					
TITLE	OUDON'TE GENER	DELETE	2. # I		SI-ZIF			Change	☐ Addition	┪
NAME			3.2 N							
STREET ADDRESS			3.3 \$	TREET	ADDRESS	•				
CiTy - ST - ZIP			3.4. 0	CITY-S	ST-ZIP			:		
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	4.1 T	ITLE				Change	Addition	1
NAME			4.28	NAME						
STREET ADDRESS			438	TREET	ADDRESS					
CITY ST-7IF				ITY-S	T-ZIP			T 3.		1
TITLE	1	DELETE	51 T					Change	Addition	
NAME				AME						
STREET ADDRESS					ADDRESS					
CITY+51+ZIP TITLE		DELETÉ	5.4 C	ITY-S	1-ZIP			Change	☐ Addition	-
NAME		L. Ottell		IAME		•		CT CHARGE	I Namilou	
STREET ADDRESS					ADDRESS					1
D:TY - ST - ZIP				HTY-S						Ì
D-111-01-101			0.4 0		4"					4

14. I do hereby certify that the information supplied with this hing 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 are receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE:

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