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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300006514 (2)

P.S.J. INVESTMENTS, INC.

**FILED** Feb 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I MODINADI IIU IDIDO IMAT DDIIM BONIC DOM	i Bayılı Odyığ bilibi bilibi İr	
200 WILLARD STREET COCOA FL 32922  200 WILLARD STREET COCOA FL 32922						DO NOT WRITE II	N THIS SPACE	
						3. Date Incorporated or Qualified		
						01/22/1993		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21		26				59-3179849		ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	7			5. Certificate of Status Desired		Additional equired
City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid	the current year In	tangible
24	25 29 30		30			Personal Property Tax due June 30. Yes No		
	9, Name and Address of C	urrent Registered Agent			hl	10. Name and Address of New Regis	stered Agent	
	ELIG, WILLIAM		l'	81	Name			
	O WILLARD STREET			82	Street Addres	ss (P.O. Box Number is Not Acceptable	)	
"	OCOA FL 32922		<u> </u>	83				
			Ĺ					
					City			Code
attice or ri	egistered agent, or (xitti, in the	7.0502 and 607.1508, Florida Statu State of Florida, Such change was obligations of, Section 607.0505, F	authorized	bv ti	named corpor he corporation	ration submits this statement for the pur n's board of directors. I hereby accept I	pose of changing it the appointment as	ts registered registered
SIGNATURE							:	÷
the second secon				Agent	signature required		DATE	
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D DDOT FAR	☐ DELETE	1.1 1(1)				Change	☐ Addition
NAME	PRICE, EARL J ADDRESS 538 PARK AVE.		1.2 NAME					
STREET ADDRESS	A STATE OF THE STA		1.3 STREET ADDRESS				:	Į:
CITY-ST-ZIP TITLE	D DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
NAME	SELIG, WILLIAM M							L.J Addition
STREET ADDRESS	200 WILLARD STREET			2.2 NAME 2.3 STREET ADDRESS				ł
CITY-ST-ZIP	COCOA FL 32922			2 4 CHTY-ST-ZIP			· .	
TITLE	DELETE			31 TITLE			Change	Addition
NAME				3.2 NAME		·		
STREET ADDRESS	DAESS			3 3 STREET ADDRESS				
CITY-ST-ZIP	1			3.4. CITY - ST - ZIP				
TITLE	DELETE			4.1 TITLE			Change	Addition
NAME			4. 2 NA	WE			· ·	
STREET ADDRESS			4.3 STR	EET AD	DRESS			
CITY-ST-ZIP			4.4 CITY	-ST-2	ZIP			
TITLE	DELETE 5.1 TI		5.1 TITL	E			Change	Addition
NAME			5.2 NAM	lE .				1
STREET ADDRESS			5.3 STR	EET AD	DRESS		:	İ
CITY-ST-ZIP			5.4 City	'-ST-Z	ZIP	******		
TOTLE	DELETE 6		6 1 TiffL	61 TITLE			☐ Change	Addition
NAME			6.2 NAM	1E			:	
STREET ADDRESS			6.3 STR	ET AD	DRESS			
CITY-ST-ZIP	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		6.4 CITY	- ST - 2	ZIP			

indicated on this annual report or 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 truster impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an authorized with a harddress.

SIGNATURE:

407-639-1111