

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000031823 (6)
1. Corporation Name

PSG PROPERTIES, INC.



Principal Place of Business
6120 JUDY DRIVE
JACKSONVILLE FL 32244

Mailing Address
6120 JUDY DRIVE
JACKSONVILLE FL 32244

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FURTICK, BEVERLY H
1 INDEPENDENT DR.
SUITE 2600
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
04/30/1993

3a. Date of Last Report
04/03/1995

4. FEI Number
59-3178864 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0022 and 607.1508, 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, Sec. 607.0022, Florida Statutes.

SIGNATURE

Signature of the registered agent or the person filing this statement

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	GOODBREAD, PATRICK S	
STREET ADDRESS	6120 JUDY DR.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	[] Change [] Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	[] Change [] Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	[] Change [] Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	[] Change [] Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	[] Change [] Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

[] Change [] Addition

14. I do hereby certify that the information supplied herein is true, correct and complete and does not apply for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplement is current 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 principal or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed, or omitted as listed, with an address.

SIGNATURE:

Patrick S. Goodbread

Patrick S. Goodbread 3-26-96 904-772-1179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)