


FILED

Feb 17, 1999 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P93000048042

1. Corporation Name
PSL CORP.

Principal Place of Business	Mailing Address
3773 CENTRAL AVE. A-552 ST. PETERSBURG FL 33713	3773 CENTRAL AVE. A-552 ST. PETERSBURG FL 33713

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

WINEBRENNER, J.M.
3773 CENTRAL AVE.
ST. PETERSBURG FL 33713

81	Name
82	Street Address
83	
84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, of which I am a member, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when

12.		OFFICERS AND DIRECTORS
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FIRSCHING, STEPHEN W.C.	
STREET ADDRESS	481 S.E. EVERGREEN TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAM FIRSCHING	
STREET ADDRESS	481 SE EVERGREEN	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOAN FIRSCHING	
STREET ADDRESS	481 SE EVERGREEN	
CITY-ST-ZIP	PORT ST. LUCIE FL	
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.		DATE
1.1 TITLE	<div> <div>CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<div> <div>CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<div> <div>CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<div> <div>CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<div> <div>CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<div> <div>CHANGES TO OFFICERS AND DIRECTORS IN 12</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute Block 12 or Block 13 if changed, or on an attachment with an address/will/other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*
 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Firsching 15/11/95
Date

that the information
ath; that I am an
me appears in

CR2E034 (11/98)