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55 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000062922 (8)

1. Corporation Name
P.D.S. PUBLISHING, INC.

Principal Place of Business
**33 GARDEN AVE
SUITE 910
CLEARWATER FL 34615**

Mailing Address
**33 GARDEN AVE
SUITE 910
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3210395	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LETIZE, MARY L
33 GARDEN AVE
SUITE 910
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.042 and 607.1408, 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 607.062, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D LETIZE, MARY L 33 GARDEN AVE SUITE 910 CLEARWATER FL 34615	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICER	D DONOVAN, JOHN M 33 GARDEN AVE SUITE 910 CLEARWATER FL 34615	2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY & STATE		2.4 CITY & STATE	
OFFICER		3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY & STATE		3.4 CITY & STATE	
OFFICER		4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & STATE		4.4 CITY & STATE	
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & STATE		5.4 CITY & STATE	
OFFICER		6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & STATE		6.4 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is completely truthful and does not qualify for the exemption stated in Section 190.04(1)(b), Florida Statutes. I further certify that the information set forth 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Mary L Letize* Director 5-1-95 813-443-0313