


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

FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000070838 (6)**

1. Corporation Name

**PROFESSIONAL SERVICES USA, INC.**

Principal Place of Business

**3233 EAST BAY DRIVE  
SUITE 102  
LARGO FL 34641  
US**

Mailing Address

**3233 EAST BAY DRIVE  
SUITE 102  
LARGO FL 34641  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/12/1993**

4. FEI Number

**59-3202655**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☒

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **1301 SEMINOLE BLVD. #103**

2a. Mailing Address  
26 **1301 SEMINOLE BLVD**

Suite, Apt. #, etc.  
22 **LARGO FLORIDA**

Suite, Apt. #, etc.  
27 **SUITE # 103**

City & State

City & State

23 **33770**

28 **LARGO FLORIDA**

Zip

Zip

Country

Country

24 **FL**

25 **FL**

29 **33770**

30 **FL**

9. Name and Address of Current Registered Agent

**RAJ, DAVID  
3233 EAST BAY DRIVE  
SUITE 102  
LARGO FL 34641**

10. Name and Address of New Registered Agent

81 Name

**DR. DAVID RAJ**

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

**1301 SEMINOLE BLVD**

83

**SUITE # 103**

84 City

**LARGO**

FL

85 Zip Code

**33770**

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE

NAME **RAJ, DAVID**  
STREET ADDRESS **3233 EAST BAY DRIVE, SUITE 102**  
CITY-ST-ZIP **LARGO FL**

TITLE **VPS** ☒ DELETE

NAME **RAJ, SUSHILA**  
STREET ADDRESS **3233 EAST BAY DRIE, SUITE 102**  
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **PTD**  
**Raj Dr. David**  
1.3 STREET ADDRESS **1031 Seminole Blvd Suite # 103**  
1.4 CITY-ST-ZIP **Largo, Florida 33770**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **VPS**  
**Raj Dr. Sushila**  
2.3 STREET ADDRESS **1031 Seminole Blvd Suite # 103**  
2.4 CITY-ST-ZIP **Largo, Florida 33770**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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. 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 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:

**(PRESIDENT)**

**1/7/98 (813)588-0938**

CR2E034 (10/97)