

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PLS Solutions Company, Inc.

P93000076646

FILED

98 MAR 30 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3227 13th St.
St. Cloud, FL 34769

Mailing Address
P.O. Box E23
1251 Holly Street
St. Cloud, FL 34769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/27/93	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3207177	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
Edwin F. Pratt P.O. Box E23 1251 Holly Street St. Cloud, FL 34769				<input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)				400002479014-5	
83				04/06/98-01005-004	
84 City				****315.00 ****315.00	
				FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	Director/VP	1.1 TITLE	Director
NAME	Gerald Long, Director	1.2 NAME	Richard Brown
STREET ADDRESS		1.3 STREET ADDRESS	Fairview-Yeo Lane North Tawton
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Devon England, EX202EA, England
TITLE	Director	2.1 TITLE	Director/VP
NAME	Kimberly Long, Director	2.2 NAME	Frederick Kile
STREET ADDRESS		2.3 STREET ADDRESS	355 West Carroll Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	Director/President	3.1 TITLE	
NAME	Edwin F. Pratt	3.2 NAME	
STREET ADDRESS	P.O. Box E23	3.3 STREET ADDRESS	
CITY-ST-ZIP	1251 Holly St.	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME	St. Cloud, FL 34769	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE _____ Edwin F. Pratt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/98

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CR2E034 (10/97)