


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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000005278 (4)**  
1. Corporation Name  
**PBS OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>% PAYCHEX INC. 911 PANORAMA TRAIL SOUTH ROCHESTER NY 14625 US</b>	Mailing Address <b>% PAYCHEX INC. 911 PANORAMA TRAIL SOUTH ROCHESTER NY 14625-2311 US</b>
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3. Date Incorporated or Qualified <b>01/01/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3220988</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>% PAYCHEX INC</b>
22 City & State	27 <b>10105 9th St. North</b>
23 Zip	28 <b>ST. PETERSBURG, FL</b>
24 Country	29 <b>33716</b>
25	30 <b>US</b>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C/T</b>	11 TITLE	<b>P</b>
NAME	<b>LASHER, STUART G.</b>	12 NAME	<b>LASHER, STUART G.</b>
STREET ADDRESS	<b>10105 9TH STREET NORTH</b>	13 STREET ADDRESS	<b>4921 NEW PROVIDENCE AVE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716-3807</b>	14 CITY-ST-ZIP	<b>TAMPA, FL 33629</b>
TITLE	<b>P/S</b>	21 TITLE	<b>V</b>
NAME	<b>ESRICK, STEVEN M.</b>	22 NAME	<b>WARSHOF, RICHARD S.</b>
STREET ADDRESS	<b>10105 9TH STREET NORTH</b>	23 STREET ADDRESS	<b>22 BROOKSHIRE LANE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716-3807</b>	24 CITY-ST-ZIP	<b>PENFIELD, NY 14526</b>
TITLE	<b>V</b>	31 TITLE	<b>S/T</b>
NAME	<b>SINGER, GLENN H.</b>	32 NAME	<b>MORPHY, JOHN</b>
STREET ADDRESS	<b>10105 9TH STREET NORTH</b>	33 STREET ADDRESS	<b>51 VINEYARD HILL</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716-3807</b>	34 CITY-ST-ZIP	<b>FAIRPORT, NY 14450</b>
TITLE	<b>V</b>	41 TITLE	
NAME	<b>BAERWALDE, ROBERT P. JR.</b>	42 NAME	
STREET ADDRESS	<b>10105 9TH STREET NORTH</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716-3807</b>	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ **4/29/97 813-579-0505**

CR2E034 (9/96)