


FILED  
May 18 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P94000005278 (4)</b> 1. Corporation Name <b>PBS OF SOUTH FLORIDA, INC.</b>		
Principal Place of Business <b>% PAYCHEX INC.</b> <b>911 PANORAMA TRAIL SOUTH</b> <b>ROCHESTER NY 14625</b> <b>US</b>		Mailing Address <b>% PAYCHEX INC.</b> <b>10105 9TH ST N</b> <b>ST PETERSBURG FL 33716</b> <b>US</b>
2. Principal Place of Business 21 <b>10105 9th Street North</b> Suite, Apt. #, etc. 22 City & State 23 <b>ST Petersburg FL</b> Zip Country 24 <b>33716</b> 25 <b>Pinellas</b>	2a. Mailing Address 26 <b>911 Panorama Trail South</b> Suite, Apt. #, etc. 27 City & State 28 <b>Rochester NY</b> Zip Country 29 <b>14625</b> 30 <b>Monroe</b>	
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>C T CORPORATION SYSTEM</b>  <b>1200 SOUTH PINE ISLAND ROAD</b>  <b>PLANTATION FL 33324</b> </div> <div style="width: 15%;">         81 Name          82 Street Address          83          84 City       </div> </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation and its board of directors, and I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/T</b> <b>LASHER, STUART G.</b> <input checked="" type="checkbox"/> DELETE <b>4931 NEW PROVIDENCE AVE</b> <b>TAMPA FL</b>	<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WARSHOF, RICHARD S</b> <input checked="" type="checkbox"/> DELETE <b>22 BROOKSHIRE LANE</b> <b>PENFIELD NY</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MURPHY, JOHN</b> <input type="checkbox"/> DELETE <b>51 VINEYARD HILL</b> <b>FAIRPORT NY</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		01/01/1994	
4. FEI Number		Applied For	
59-3220988		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 owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	<div> <div>FL</div> <div>Zip Code</div> </div>

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 reinstalling}**

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/T LASHER, STUART G. 4931 NEW PROVIDENCE AVE TAMPA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WARSHOF, RICHARD S 22 BROOKSHIRE LANE PENFIELD NY <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MURPHY, JOHN 51 VINEYARD HILL FAIRPORT NY <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	P Polisseni, Eugene R 16 Beauclainke Lane Fairport NY 14450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	V Hill, Craig 700 115th Ave Treasure Island, FL 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	V Tortorella, Anthony 7 Royale Drive Fairport NY 14450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, of an attachment with an address.

**SIGNATURE.**

Tibu M. Manghaya 4/24/98 (74) 385-1111

CR2E034 (10/97)