

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90171 025 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000005278**

1. Corporation Name  
**PBS OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**10105 9TH ST N  
 911 PANORAMA TRAIL SOUTH  
 ST PETE FL 33716  
 US**

Mailing Address  
**911 PANORAMA TR S  
 ROCHESTER NY 14625  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 10105 9th ST N**  
 Suite, Apt. #, etc.  
**22**

City & State  
**23 ST PETERSBURG FL**

Zip Country  
**24 33716 25 USA**

2a. Mailing Address  
**26**  
 Suite, Apt. #, etc.  
**27**  
 City & State  
**28**  
 Zip Country  
**29 30**

3. Date Incorporated or Qualified  
**01/01/1994**

4. FEI Number  
**59-3220988**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. (FILED 2/99)  Yes  No

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

11. Pursuant to the provisions of Sections 607.0502 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 IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLISSENI, E R</b>	1.2 NAME	
STREET ADDRESS	<b>16 BEAUCLAIRE LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRPORT NY 14450</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, C</b>	2.2 NAME	
STREET ADDRESS	<b>700 115TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STED</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, JOHN</b>	3.2 NAME	<b>D, S, T</b>
STREET ADDRESS	<b>51 VINEYARD HILL</b>	3.3 STREET ADDRESS	<b>JOHN MURPHY</b>
CITY-ST-ZIP	<b>FAIRPORT NY</b>	3.4 CITY-ST-ZIP	<b>51 VINEYARD HILL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORTORELLA, A</b>	4.2 NAME	
STREET ADDRESS	<b>7 ROYALE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRPORT NY 14450</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene Polisseani* **SIGNATURE REQUIRED** 4/13/99 716-385-1466  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EUGENE POLISSEANI, PRESIDENT** Date Daytime Phone #

CR2E034 (11/98)