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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENI # P94000	042794		
1. Corporation PSVCHM	VORKS, INC.			
TOTOTIV	,) ABORRARI HAR TALIH RABIN BORRI BORRI BORRI BORRI BORRI BRAZO HARI ROBIN RABIN ALAH ALAH ALAH
Principal Place of Business Mailing Address		Mailing Address		((ESIGE IIS (SIII SISII SEIII SEIII SEIII SEIII SEIII SIII SIIII IIII IIII IIII IIII
3111 N. UNIVER	rsity dr.	3111 UNIVERSITY DR		,
#725 CORAL SPRINGS FL 33065		SUITE 725		DO NOT WRITE IN THIS SPACE
CORAL SPRING	15 PL 33065	CORAL SPRINGS FL 33065 US		3. Date Incorporated or Qualifed
				06/08/1994
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0542084 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
		27	جي الرحي <u>سي مو</u> د ر	- Ped Required
City & State	e ·	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country	28	Country	
Zip	Country 25	29 3	_ '	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current		1	10. Name and Address of New Registered Agent
			81 Name A	LLYN, SUZANNE R
ZEIF, SUZANNE R			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
3111 UNIVERSITY DRIVE			or corridar	STE 725
CORAL SPRINGS FL 33065			83	
	·		84 City	■■ 85 Zip Code
	<u>·</u>			FL
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.				
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la-Statules.	4/- 168
SIGNATURE	- XIII	www.	7.7	ad when reinstating) DATE
12.	Signature, typed or printed riams of registered agent		tegistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE		Change Addition
NAME	ZEIF, SUZANNE R		1.2 NAME	LLYN, SUZANNE R STE 725
STREET ADDRESS	3111 N. UNIVERSITY DR.		1.3 STREET ADDRESS	STE 120
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CfTY-ST-ZJP	
TITLE		☐ DELETE	2.1 TILE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	and the second of the second o	·	2.4 CITY-ST-ZIP	· • · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	3.1 T₹TLE	☐ Change ☐ Addition
NAME	•		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	•
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		L3 DELETE	4.1 TITLE 4.2 NAME	
NAME			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TRILE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
'CITY-ST-ZIP	·		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

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 of 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 line empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS