FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000047866 (6)**

1. Corporation Name

PS OF WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
4390 WESTROADS DRIVE WEST PALM BEACH FL 33407	P.O. BOX 98 VOLANT PA 16156

3. Date Incorporated or Qualified: **06/27/1994**

3a. Date of Last Report: **09/18/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **58-2142798** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Section 607.0502 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	MARETT, JOHN		2 NAME	
STREET ADDRESS	R.D. 2		3 STREET ADDRESS	
CITY-ST-ZIP	NEW WILMINGTON PA 16142		4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	TRAWEEK, JIM		6 NAME	
STREET ADDRESS	5604 CRADELROCK CIRCLE		7 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX 75093		8 CITY-ST-ZIP	
TITLE	S	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	MARETT, CRAIG R		10 NAME	
STREET ADDRESS	R.D. 2		11 STREET ADDRESS	
CITY-ST-ZIP	NEW WILMINGTON PA 16142		12 CITY-ST-ZIP	
TITLE	T	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, W.L.		14 NAME	
STREET ADDRESS	117 E. LEASURE AVE.		15 STREET ADDRESS	
CITY-ST-ZIP	NEW CASTLE PA 16105		16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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, added or deleted.

SIGNATURE: John T. Marett — JOHN T. MARETT — 3-22-96 — 412-533-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #