

FILE NOW: FILING FEE AFTER MAY 11S \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000055524 (0)

1. Corporation Name

P.S.L. DESIGNER, INC.



Principal Place of Business

**1452-B SEMORAN BLVD
CASSELBERRY FL 32707
US**

Mailing Address

**1452-B SEMORAN BLVD
CASSELBERRY FL 32707
US**

3. Date Incorporated or Qualified
07/26/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **520 W. Highway 436**

26 **520 W. Highway 436**

22 Suite, Apt. #, etc.
1158

27 Suite, Apt. #, etc.
1158

23 City & State

28 City & State

Altamonte Springs, FL

Altamonte Springs, FL

24 Zip

25 Country

29 Zip

30 Country

32714

USA

32714

USA

9. Name and Address of Current Registered Agent

**LEFCOURT, PETER S
1452-B SEMORAN BLVD
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name **Lefcourt, Peter S.**
82 Street Address (P.O. Box Number is Not Acceptable)
520 W. Highway 436
83 Suite **1158**
84 City **Altamonte Springs, FL**
85 Zip Code **32714**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **LEFCOURT, PETER S.**
STREET ADDRESS **1452-B SEMORAN BLVD**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **VS** ☐ DELETE
NAME **LEFCOURT, ARLENE**
STREET ADDRESS **1452-B SEMORAN BLVD**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **(same)** ☒ Change ☐ Addition
1.2 NAME **(same)**
1.3 STREET ADDRESS **520 W. Highway 436 #1158**
1.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

2.1 TITLE **(same)** ☒ Change ☐ Addition
2.2 NAME **(same)**
2.3 STREET ADDRESS **520 W. Highway 436, #1158**
2.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

407-274-8600

CR2E034 (12/95)