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**

DOCUMENT # **P94000056240**1. Corporation Name

PROFESSIONAL SERVICES TRUST, INC.

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	ce of Business	Mailing Address	•				1 14	
6577 SUPERIO	· · ·	6577 SUPERIOR AVE SARASOTA FL 34231				*	4 0 3	
SARASOTA FL 34231 SARASOTA FL 34231						DO NOT	WRITE IN THIS SPACE	: 첫 - 1 첫
				•		3. Date Incorporated or Qual		
2 Principal (Place of Business	2a. Mailing Address				07/28/1994 4. FEI Number	्राच्या । संस्था	. # :D ====================================
21	led of Eddiness	26			. -	59-3256469	131	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					_ \$8	75 Additional
22		27				5. Certifcate of Status Desire		Required
City & State City & State					- 6	6. Election Campaign Financ	ing\$5	.00 May Be
23		28	•			Trust Fund Contribution	∐ ¦ Ad	ded to Fees
Zip	Country	Zip	Coun	try	8	3. This corporation owes the		
24	25	29	30			Personal Property Tax.	Yes	i" □No
<u></u>	9. Name and Address of Current	Registered Agent		81 Nam		D. Name and Address of No	w Registered Agent	*
A . ASK	CINC DOLAND V ID		`	Nam	е	•		
657	7 SUPERIOR AVE	DVD.	[8	82 Stree	t Address ((P.O. Box Number is Not Acc	eptable)	1
SAF	RASOTA FL 34231		.	B3		5.0 54,000 (150 1.30 1.30 1.30 1.30 1.30 1.30 1.30 1.3		William I acusto
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	a.e.		[8	84 City			EI 85	Zip Code
11. Pursuant	t to the provisions of Sections 607.0502	and 607 1508 Florida Sta	tutes the abo	ove-name	d comoratio	on submits this statement for	the numose of changing	its registered
"' office or	registered agent, or both, in the State of am familiar with, and accept the obligation	if Florida. Such change was	s authorized l	by the cor	poration's t	board of directors. I hereby a	ccept the appointment	as registered
•		ons or, Section 607.0505, r	-iorida Statut	es.			1,1	1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered A	gent signatun	e required when	reinstating)	DATE 1 1	<u> </u>
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO		CTORS IN 12
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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.

6.4 CITY-ST-ZIP

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FILED

Feb 01, 1999 8:00am

Secretary of State

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