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May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000057000 (9)

1. Corporation Name  
PBS OF NORTH FLORIDA, INC.



Principal Place of Business  
% PAYCHEX INC.  
911 PANORAMA TRAIL SOUTH  
ROCHESTER NY 14625

Mailing Address  
% PAYCHEX INC.  
911 PANORAMA TRAIL SOUTH  
ROCHESTER NY 14625-2311

3. Date Incorporated or Qualified  
08/15/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 10105 9th St. North

Suite, Apt. #, etc.

27 City & State

28 St. Petersburg FL

29 33716 30 Pinellas US

4. FEI Number

59-3264269

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

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

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 DT  
NAME LASHER, STUART G  
STREET ADDRESS 126 CHESAPEAKE AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE DPS  
NAME ESRICK, STEVEN M  
STREET ADDRESS 50 DOLPHIN DR.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE DV  
NAME SINGER, GLENN H  
STREET ADDRESS 1000 ISLAND BLVD., #2008W  
CITY-ST-ZIP N. MIAMI FL 33160

TITLE DV  
NAME BAERWALD, ROBERT P JR  
STREET ADDRESS 10105 9TH STREET NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE CFO  
NAME HILL, CRAIG  
STREET ADDRESS 10105 9TH STREET NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE C  
NAME HASARA, GARRY  
STREET ADDRESS 10105 9TH STREET NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33716

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME LASHER, STUART G  
1.3 STREET ADDRESS 4731 NEW PROVIDENCE AVE  
1.4 CITY-ST-ZIP TAMPA FL 33629

2.1 TITLE Vice President  
2.2 NAME Richard S. Warshof  
2.3 STREET ADDRESS 22 Brookshire Lane  
2.4 CITY-ST-ZIP Penfield, NY 14526

3.1 TITLE Secretary / Treasurer  
3.2 NAME John Morphy  
3.3 STREET ADDRESS 51 VINEYARD HILL  
3.4 CITY-ST-ZIP FAIRPORT, NY 14450

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

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

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

83579-0505

Date

Daytime Phone #

0007182

CR2E034 (9/96)