

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

FILED

**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.
811 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	2a. Mailing Address 26 10105 9th St. North	4. FEI Number 59-8264269	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 St. Petersburg FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 33716	30 Pinellas US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LASHER, STUART G 126 CHESAPEAKE AVE. TAMPA FL 33606 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President LASHER, STUART G #431 NEW PROVIDENCE AVE TAMPA FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ESRICK, STEVEN M 50 DOLPHIN DR. TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Richard S. Warshof 22 Brookshire Lane Penfield, NY 14526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SINGER, GLENN H 1000 ISLAND BLVD., #2008W N. MIAMI FL 33160 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary/Treasurer John Morphy 51 VINEYARD HILL FAIRPORT, NY 14450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAERWALD, ROBERT P JR 10105 9TH STREET NO. ST. PETERSBURG FL 33716 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HILL, CRAIG 10105 9TH STREET NO. ST. PETERSBURG FL 33716 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HASARA, GARRY 10105 9TH STREET NO. ST. PETERSBURG FL 33716 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard S. Warshof Date: 4/29/97 Daytime Phone: 83579-0505

CR2E034 (9/96)