

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

FILED

**May 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057000 (9)
1. Corporation Name
PBS OF NORTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % PAYCHEX INC. 911 PANORAMA TRAIL SOUTH ROCHESTER NY 14625	Mailing Address 10105 9TH ST NO ST PETERSBURG FL 33716 US
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3. Date Incorporated or Qualified
08/15/1994

2. Principal Place of Business 21 10105 9th St. North Suite, Apt. #, etc. 22 City & State 23 St. Petersburg FL Zip 24 33716	2a. Mailing Address 26 911 Panorama Trail South Suite, Apt. #, etc. 27 City & State 28 Rochester NY Zip 29 14625
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4. FEI Number 59-3264269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHER, STUART G	1.2 NAME	
STREET ADDRESS	4731 NEW PROVIDENCE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARSHOF, RICHARD S	2.2 NAME	
STREET ADDRESS	22 BROOKSHIRE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENFIELD NY	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORPHY, JOHN	3.2 NAME	
STREET ADDRESS	51 VINEYARD HILL	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRPORT NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	P
STREET ADDRESS		4.3 STREET ADDRESS	Polissemi, Eugene R
CITY-ST-ZIP		4.4 CITY-ST-ZIP	16 Beauclair Lane
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hill, Craig
STREET ADDRESS		5.3 STREET ADDRESS	700 115th Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Treasure Island, FL 33706
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Tortorella, Anthony
STREET ADDRESS		6.3 STREET ADDRESS	7 Royale Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fairport NY 14450

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.

SIGNATURE _____ DATE _____
John M Morphy 4/24/98 (716) 385-1666

CR2E034 (10/97)