

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90171 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000057000

1. Corporation Name
PBS OF NORTH FLORIDA, INC.

Principal Place of Business: 10105 9TH ST N, ST PETE FL 33711-- US
 Mailing Address: 911 PANORAMA TR S, ROCHESTER NY 14625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994
 4. FEI Number: 59-3264269
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: (FILED 2/99) Yes No

2. Principal Place of Business: 10105 9th ST N, ST PETERSBURG FL
 2a. Mailing Address: 911 PANORAMA TR S, ROCHESTER NY
 22. Suite, Apt. #, etc.
 23. City & State: ST PETERSBURG FL
 24. Zip: 33716, 25. Country: USA

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P POLISSENI, E R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16 BEAUCLEAIRE LN	1.2 NAME	
STREET ADDRESS	FAIRPORT NY 14450	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HILL, C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700 115TH AVE	2.2 NAME	
STREET ADDRESS	TREASURE ISLAND FL 33706	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD MORPHY, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	51 VINEYARD HILL	3.2 NAME	
STREET ADDRESS	FAIRPORT NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V TORTORELLA, A	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 ROYALE DR	4.2 NAME	
STREET ADDRESS	FAIRPORT NY 14450	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* 4/13/99 716-385-6666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ENNEALE POLISSENI, PRESIDENT Date: Daytime Phone #

CR2E034 (1/1/98)