

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P94000084045 (1)**

1. Corporation Name  
**P.S.G. GROUP, INC.**

Principal Place of Business

2263 N.W. 164TH ST.  
N MIAMI BEACH FL 33160

Mailing Address

2263 N.W. 164TH ST.  
N MIAMI BEACH FL 33160

2. Principal Place of Business

21 **7291 GARDEN GROVE BLVD**

Suite, Apt. #, etc.

28. Mailing Address

26 **815 N Addison Ave.**

Suite, Apt. #, etc.

22

City & State

23 **Garden Grove, CA**

Zip

Country

24 **92841**

25 **USA**

27

City & State

28 **Huntington, IL**

Zip

29 **60112-0**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GAUDREAU, PAUL**  
2263 N.E. 164TH ST.  
N. MIAMI BEACH FL 33160

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (10/97)

TITLE	PS	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUDREAU, PAUL</b>		1.2 NAME	<b>Gaudreau, Paul</b>	
STREET ADDRESS	<b>930 N. PARKSIDE CIR.</b>		1.3 STREET ADDRESS	<b>6382 LORAI DR.</b>	
CITY-ST-ZIP	<b>BOCA RA</b>		1.4 CITY-ST-ZIP	<b>HUNTINGTON Beach, CA 92648</b>	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			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		
TITLE		<input type="checkbox"/> DELETE		<b>900002581949</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				<b>-07/07/98--01095--038</b>	
STREET ADDRESS				<b>***558.75</b>	
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.

SIGNATURE:

*Paul Gaudreau 6-18-98 714-894-5875*