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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90131 033 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000084045

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

Principal Place of Business
7291 GARDEN GROVE BOULEVARD
GARDEN GROVE FL 32841
US

Mailing Address
875 NORTH ADDISON AVENUE
ELMHURST IL 60126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1994

2. Principal Place of Business

21 **7291 Garden Grove Blvd**

2a. Mailing Address

26

Suite, Apt. #, etc.

22 **Ste M**

Suite, Apt. #, etc.

27

City & State

23 **Garden Grove, Ca.**

City & State

28

Zip

24 **92641**

Country

25 **USA**

Zip

29

Country

30

4. FEI Number

65-0704574

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 owes the current year intangible

Personal Property Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Darlene Labanca

82 Street Address (P.O. Box Number is Not Acceptable)

3001 B. Ocean Dr. apt 6P

83

84 City

Hollywood

FL

85 Zip Code

33019

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
GAUDREAU, PAUL
6382 DORAL DRIVE
HUNTINGTON BEACH CA 92648

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

714-894-5075

Date

Daytime Phone #

CR2E034 (11/98)