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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 31 1998 8:00am

Secretary of State

Change

Addition

Secretary of State DIVISION OF CORPORATIONS

P94000085591 (3) DOCUMENT #

PST MANAGEMENT CORP. Principal Place of Business Mailing Address 1525 S ANDREWS AVE. 216 2313 WINWARD SHORE DR FT LAUDERDALE FL 33316 VA.BEACH VA 23451 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0542168 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPAMERICA, INC. 1525 S ANDREWS AVE, 216 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33316 83 85 Zip Code 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, typed or printed name of requirems agent and little if applicable (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition JAMES K. CASAZZA NAME 1.2 NAME CR2E034 2313 WINDWARD SHORE DR STREET ADDRESS 1.3 STREET ADORESS VA.BEACH VA 23451 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY-ST-7(P DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 supplied ental 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 of 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 our an attachment with an address 3/27/98

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP