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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State ... DIVISION OF CORPORATIONS

1996

P95000046776 (7)

1. Corporation I	MENT # P950	00046776 (7	7)					
P. S. I	PUBS, INC.							
Principal Place of	of Business	Mailing Address			{			615 1 0010 1 111 1881
•		112 DUNLAWTON AV	F					
112 DUNLAWTON AVE. DAYTONA BEACH FL 32127		DAYTONA BEACH FL 32127						
					3. Date Incorporated or Quali 06/12/1995	fied 3a. D	ate of Last Re	eport
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
1		26	26		59-33306	228		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	a 🗆		Additional
2		27			A First of Company Empro			Required
City & State		City & State			6. Election Campaign Financi Trust Fund Contribution	ng 🗀		May Be to Fees
3	Country	28 Zip	Country		8. This corporation has liabilit	v for intanoible		
Zip 24	25	29	30		Florida Statutes	Yes 🔀 No		
	9. Name and Address of Curr				10. Name and Address of N	ew Registere	ed Agent	
			81	Name				
PERKINS, JEFFREY D 112 DUNLAWTON AVE. DAYTONA BEACH FL 32127			82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
			83					
			84	City			. 85 Zip	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute							changing its	pointered office
or registers	nd agont, or both, in the State of Ele	hrida. Such change was authosze	ed by the corpora	med corpora ation's board	ition submits this statement for the of directors. Thereby accept the	e appointment	as registered	agent. I am
or registers	h, and accept the obligations of, Se	AND CONTROL Florida Chataton						
familiar with	it, and accopt the congenous of es	ection 607.0005, Florida Statutes.						
familiar with SIGNATURE		ection 607,0005, Florida Statutes.				DATE		
familiar with	Signature, typed or printed name of registered ag	ent and blind applicatio (NO	TE Ragistered Agent s			DATE		
signature:	Signature, types or printed name of registered ag OFFICERS A	ection 607,0005, Florida Statutes.	TE Registered Agent s		when renstability	DATE		
familiar with	Signature, types or printed name of registeres ag OFFICERS A	MI and Min' applicable (NO ND DIRECTORS	TE Registered Agent s		when renstability	DATE	E AND DIRECTO	DRS IN 12
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certify that the information indicated on this annual report of supplemental armulal report is true and accurate and that my signature shall rave the same eight effect as it 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 or an attachment with an address.

Jeffrey D. Perkins

904-756-1110 Daytone Phone k

