

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000057488 (5)

1. Corporation Name
P.I.C.S. CORP.



Principal Place of Business
RUBIN KOT CENTER
13830 58TH STREET N. SUITE 404
CLEARWATER FL 34620

Mailing Address
RUBIN KOT CENTER
13830 58TH STREET N. SUITE 404
CLEARWATER FL 34620

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report

4. FEI Number
59-3329603

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, in Block 9a, if applicable

Signature, typed or printed name of new registered agent, in Block 10, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. ☐ Change ☒ Addition
PRESIDENT	NORMAN R. DOBIESZ	739 GALEON DR.	TIERRA VERDE, FL 33415	☐ Change ☒ Addition
SR. VICE PRESIDENT	SAMUEL A. GRECO	9191 Brushboro Dr	Brentwood TN 37027	☐ Change ☒ Addition
SECRETARY/TREASURER	MAUREEN DOBIESZ	739 GALEON DR	TIERRA VERDE, FL 33415	☐ Change ☒ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. ☐ Change ☐ Addition
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1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (813) 531-8411

05 511 196

CR2E034 (12/95)