

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000057488 (5)**

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



Principal Place of Business RUBIN ICOT CENTER 13630 58TH STREET N. SUITE 404 CLEARWATER FL 34620	Mailing Address P.O BOX 12556 ST PETERSBURG FL 33733 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2150 Whitfield Industrial Way		2a. Mailing Address 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/25/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3329603	
23 City & State Sarasota, FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34243		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	DOBIESZ, NORMAN	1.2 NAME	Dobiesz, Norman R.
STREET ADDRESS	739 GALEON DR	1.3 STREET ADDRESS	2150 Whitfield Industrial Way
CITY-ST-ZIP	TIERRA VERDE FL 33715	1.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	SVP	2.1 TITLE	SVP
NAME	GRECO, SAMUEL A	2.2 NAME	Greco, Samuel A.
STREET ADDRESS	9191 BRUSHBORO DR	2.3 STREET ADDRESS	2150 Whitfield Industrial Way
CITY-ST-ZIP	BRENTWOOD TN 37027	2.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	ST	3.1 TITLE	ST
NAME	DOBIESZ, MAUREEN	3.2 NAME	Dobiesz, Maureen D.
STREET ADDRESS	739 GALEON DR	3.3 STREET ADDRESS	2150 Whitfield Industrial Way
CITY-ST-ZIP	TIERRA VERDE FL 33715	3.4 CITY-ST-ZIP	Sarasota, FL 34243
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Maureen D. Dobiesz, Sec*

1/28/98

CR2E034 (10/97)