

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90032 024 \*\*\*150.00

**DOCUMENT # P95000057488**

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



Principal Place of Business  
**2150 WHITFIELD INDUSTRIAL WAY**  
**13800 50TH STREET N. SUITE 401**  
**SARASOTA FL 34243**  
**US**

Mailing Address  
**P.O BOX 12556**  
**ST PETERSBURG FL 33733**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/25/1995**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
**2150 Whitfield Industrial Way**  
Suite, Apt. #, etc.  
**Suite 100**  
City & State  
**Sarasota, FL**  
Zip Country  
**34243 USA**

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip 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 **FL** 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOBIESZ, NORMAN</b>	1.2 NAME	
STREET ADDRESS	<b>2150 WHITFIELD INDUSTRIAL WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRECO, SAMUEL A</b>	2.2 NAME	
STREET ADDRESS	<b>2150 WHITFIELD INDUSTRIAL WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOBIESZ, MAUREEN</b>	3.2 NAME	
STREET ADDRESS	<b>2150 WHITFIELD INDUSTRIAL WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

*Maureen D. Dobiesz, Sec'y/Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)