## 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

## DOCUMENT # P9600005982

1. Corporation Name

PROFESSIONAL INSTALLATION SERVICES, INC.

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90040 022 \*\*\*150.00



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Principal Place of Business Mailing Address						t inditions the tastic astill built built abilt abilt built built built first in the tibit in the tibit.		
11081 N.W. SOUTH RIVER DRIVE 11081 N.W. SOUTH RIVER DRI MIAMI FL 33178 MIAMI FL 33178								
							DO NOT WIDITE IN THIS SPACE	
							DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed	$\neg$
							01/17/1996	
2. Principal P	Place of Business	2a. Ma	iling Address				4. FEI Number Applied For	7
21 26							65-0639441 Not Applicable	$\Box$
Suite, Apt. #, etc.							5. Certificate of Status Desired   \$8.75 Additional	٦
22 27							Fee Required	╛
City & Stat	le		City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28 Zin	Zip Country				Trust Fund Contribution Added to Fees	$\dashv$
24	25	29	30				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	1
4-7	9. Name and Address of Curre		d Agent	30			10. Name and Address of New Registered Agent	$\dashv$
, , , , , , , , , , , , , , , , , , , ,	5.		o.r.gom		81	Name	10, Name and Address of New Negletones Agent	1
	VENS, DAVID K						•	
11081 N.W. SOUTH RIVER DRIVE					82	Street Add	dress (P.O. Box Number is Not Acceptable)	-
MAIM	MI FL 33178				83			┪
								_
					84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statute	s, the al	bove	-named corp	rnoration submits this statement for the nurpose of changing its registered	7
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. S ations of, Sec	uch change was au tion 607.0505, Flor	uthorized ida Statu	l by t utes.	the corporation	tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	•	, ,	<b>,</b>					
OIGITITORE	Signature, typed or printed name of registered ag	ent and title if appli	cable. (NOTE:	Registered	Agent	signature require	ired when reinstating) DATE.	
12.		ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST CALLED II		☐ DELETE	1.1 TIT	LE		☐ Change ☐ Addition	۱ /
NAME	STEVENS, DAVID K	N. 45		1.2 NA	ME			
STREET ADDRESS	11081 N.W. SOUTH RIVER DE	(IVE		1.3 ST	REET	ADDRESS	,	
CITY-ST-ZIP	MIAMI FL 33178			1.4 CI		-ZIP		_
TITLE			☐ DELETE	2.1 111			Change Addition	1
NAME				2.2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	2. 4 CI		-ZIP		_
	- 1 -		□ DELETE	3.1 TIT			Change Addition	'
NAME STREET ADDRESS				3.2 NA				ı
CITY-ST-ZIP						ADDRESS		
TITLE			☐ DELETE	3.4. CF		-2112	Change : Addition	,
NAME				4. 2 NA			- Johange - Mariner	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				4.4 CIT				
TITLE			☐ DELETE	5.1 TIT			☐ Change ☐ Addition	1
NAME				5.2 NA				
STREET ADDRESS				5.3 STI	REET	ADDRESS	• • • • • • • • • • • • • • • • • • • •	
CITY-ST-ZIP	:			5.4 CIT	Y-ST-	ZIP		
TITLE	<del></del>		☐ DELETE	6.1 T/T	LE	<u> </u>	☐ Change ☐ Addition	
NAME				6.2 NA	ME			
STREET ADDRESS				6.3 STF	REET	ADDRESS		
CITY-ST-ZIP				6.4 C/T	Y-ST-	ZiP		1

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 of supplemental annual raport if 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 pristee 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: