


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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000015278 (0)**  
 1. Corporation Name  
**PLANNED SYSTEMS OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>1670 NE 191 ST. UNIT 112. BLDG A-3 NORTH MIAMI BEACH FL 33179</b>	Mailing Address <b>1670 NE 191 ST. UNIT 112. BLDG A-3 NORTH MIAMI BEACH FL 33179</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/19/1996</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0676303</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		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 <b>BARNETT, DAVID C 2550 EISENHOWER BLVD, SUITE 322 PORT EVERGLADES FL 33318</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, JOHN A</b>	1.2 NAME	
STREET ADDRESS	<b>1670 NE 191 ST, UNIT 112, BLDG A-3</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORRES, CARLOS</b>	2.2 NAME	
STREET ADDRESS	<b>1750 NE 191 STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, ED.</b>	3.2 NAME	
STREET ADDRESS	<b>12410 GRIFFING BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V.P.</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Delia Gill</b>	4.2 NAME	
STREET ADDRESS	<b>1670 NE 191st, Unit 112, BLDG A-3</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. Miami Bch. FL 33179</b>	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.

SIGNATURE: *[Signature]* **1-12-98 954.8949600**

CFR2034 (10/97)