

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000048132 (0)**

1. Corporation Name
PSL INVESTMENTS, INC.

Principal Place of Business
**10010 S FEDERAL HWY.
SUITE #6
PORT ST. LUCIE FL 34952**

Mailing Address
**10010 S FEDERAL HWY.
SUITE #6
PORT ST. LUCIE FL 34952**

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

28
Zip

24
Country

29
Country

25

30

9. Name and Address of Current Registered Agent

**ERIC J. MATHESON, P.A.
THE WORTH AVENUE BUILDING
SUITE 320
PALM BEACH FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**205 Worth Avenue
Suite 320
Palm Beach**

83 City

FL **85** Zip Code

33480

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

1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]*

[Signature]

4/20/98 361-833-5277

CR2E034 (10/97)