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

PROFIT CORPORATION ANNUAL REPORT

199R



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Apr 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1. Corpo	UMENT # ration Name PS REALTY, INC.	P96000	048360 (7)		
Principal Place of Business 3208 LAND O'LAKES BLVD LAND O'LAKES FL 34639 US			Mailing Address 3208 LAND O'LAKES BLVD LAND O'LAKES FL 34639 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1996	
2. Princip	oal Place of Business		2a. Mailing Address		4. FEI Number 59-3399044	Applied For Not Applicable
	Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & 23			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	25	intry dress of Current i	Zip	8. This corporation owes or has paid the currer Personal Property Tax due June 30.		e 30. 🗡 Yes 🔲 No
11. Pursu office agent	HIPPS, DAVID E SR 3208 LAND O'LAKES LAND O'LAKES FL 3	6 BLVD 4639		83 84 City	ress (P.O. Box Number is Not Accepta	FL 85 Zip Code
SIGNATU	RE Signature, typed or printed	name of registered agent	and trin if applicable (NC	PTE Registered Agent signature requi	red when reinstating)	DATE
12.	D	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDR	HIPPS, DAVID	Lakes BLVD		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP		Change C Accumon
TITLE NAME STREET AODR	HIPPS, DAVID 3208 LAND O'LAKES	LAKES BLVD	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDR	GRANT, RICHA 208 LAND O'	RD LAKES BLVD	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY+ST-ZIP TITLE NAME STREET ADDR	LAND O'LAKES) FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDR	ESS		DELETE	4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDR	ESS		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		Change Addition
14. I here	by certify that the informated on this annual report or director of the corpor 12 or Block 13 if change	ation supplied with of supplemental a ration or the received, or on all attach	this filing does not qualify annual report is true and ac or or trustee empowered to ment with address.	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. ire shall have the same legal effect as urired by Chapter 607, Florida Statutes;	further certify that the information if made under oath; that I am an and that my name appears in