→ SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



◆ FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000065850 (5)

PSVN, INC.

Principal Place of Business

Mailing Address

vipg. 10,2

97 SEP 10 AM 9:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



T CHARLOTTE FL 33952		PT CHARLOTTE FL 33952				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 08/05/1996	3a. Dat	e of Last Report			
Principal Place	of Business	2a. Mailing Address				4, FEI Number	Applied For				
		26				65-0686910		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State	¬1 '			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Z iρ	Country 25	Zip 29	Country 30			8. This corporation owes or has pai Personal Property Tax due June		ept year Intangible Yes			
	Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent							
NAIR, P. S. V. 203 GEORGE RD PT CHARLOTTE FL 33952				81	Name	et Address (P.O. Box Number is Not Acceptable)					
				82	Street Addre						
	·			83							
				84	City		FL	85 Zip Code			
1. Pursuant to the	ne provisions of Sections 607.	0502 and 607,1508, Florida	Statutes, the al	evoc	named corporation	pration submits this statement for the pon's board of directors. I bereby accept	urpose of	changing its registered			

11. Pursuant to the provisions of sections 607.0:02 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 eacent. Lam familiar with and accept the obligations of Section 607.0:05. Florida Statutes.											
The trial that, and adopt the divinguition of account to	7.0000, 710110	at Gardiov.									
Signature, typed or printed name of registered agon; and tills it applicable.	(NOTE A	ogistered Agent signature re	quired when reinstating)		DATE						
OFFICERS AND DIRECTORS		13.	ADDITIONS/0	CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12					
0	DELETE	1.1 TITLE			Change	Addition					
NAIR, P. S. V.		1.2 NAME									
203 GEORGE RD		1.3 STREET ADDRESS									
PT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP									
	DELETE	2.1 TITLE			☐ Change	Addition					
		2.2 NAME		יככותות	qəpqq.						
		2.3 STREET ADDRESS	V., V	-09/12/9	7011320	003 T					
·		2. 4 CITY-ST-ZIP		****165	.00 ****16	5.00					
	DELETE	3.1 TITLE			☐ Change	Addition .					
		3.2 NAME									
		3.3 STREET ADDRESS									
		3.4. CITY - ST - ZIP									
	DELETE	4.1 TITLE			☐ Change	Addition					
		4.2 NAME									
		4.3 STREET ADDRESS									
		4.4 CITY-ST-ZIP									
	DELETE	5.1 TITLE			☐ Change	☐ Addition					
		5.2 NAME		Λ.	_						
		5.3 STREE1 ADDRESS		(1.7)	1110						
		5.4 CITY-ST-ZIP		<u> </u>	<i>J</i>						
	DELETE	6.1 TITLE		9	In G Phange	Addition					
		6.2 NAME		ι_{i}	110/17						
		6.3 STREET ADDRESS		'	1						
	egisteried agent, or both, in the State of Florida. Such chem familiar with, and accept the obligations of, Section 60 Signature, typed or printed name of registered agent and trill if applicable. OFFICERS AND DIRECTORS D NAIR, P. S. V. 203 GEORGE RD PT CHARLOTTE FL 33952	egistered agent, or both, in the State of Florida, Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Floric Signature, typed or printed name of registered agent and tills if applicable. OFFICERS AND DIRECTORS D DELETE NAIR, P. S. V. 203 GEORGE RD	egistered agent, or both, in the State of Florida. Such change was authorized by the corporn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable.	ogisterical agent, or both, in the State of Floricia. Such change was authorized by the corporation's board of direm tamiliar with, and accept the obligations of, Section 607.0505, Florida Statules. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS 13. ADDITIONS/I	ogisteriod agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept mamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signifure, typod or printed name of registered agent and title if arguinable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	ogistered 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 manillar with, and accept the obligations of, Section 607,0505, Florida Statutos. NOTE Registered Agent agreeting required when reinitating) DATE					

14. I do 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.

SALEDIA NOLLE CHIRED

9/4/97



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 20, 1997

PSVN, INC. 203 GEORGE RD PT CHARLOTTE, FL 33952

SUBJECT: PSVN, INC.

Ref. Number: P96000065850

Please be advised, we have received your document for the above corporation; however, the document <u>has not been filed</u> and is being returned for the following:

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at 1-800-829-1040.

TO AVOID THE \$385.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (904) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 797A00027275

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Per our converdion enecosing another check for I 165° for 150N du yearly fee. I response to the della detal 5720197 along with Check but the cheek was not cashed. and I was sent another annother annother form. He che the third that I though this talus can g the confusion Value. I have you for your assistance.