

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.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000070491 (1)
1. Corporation Name P.S.I. AGENCY INC.

Principal Place of Business 13540 N FLORIDA AVE. SUITE 103-7 TAMPA FL 33613	Mailing Address 13540 N FLORIDA AVE. SUITE 103-7 TAMPA FL 33613
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3423194		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	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 HARM, MARTIN H 13540 N FLORIDA AVE, SUITE 103-7 TAMPA FL 33613				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				FL			

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's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	CITY - ST - ZIP	DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	PVST HARM, MARTIN H 3314 WEST SWANN AVE TAMPA FL 33609		<input type="checkbox"/>	200002265182-0 -08/12/97-01095-012 ****165.00 ****165.00			
TITLE	NAME	CITY - ST - ZIP	DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
			<input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	NAME	CITY - ST - ZIP	DELETE	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
			<input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	NAME	CITY - ST - ZIP	DELETE	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
			<input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	NAME	CITY - ST - ZIP	DELETE	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
			<input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	NAME	CITY - ST - ZIP	DELETE	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
			<input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			

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.

SIGNATURE: [Signature] 8/12/97

CR2E034 (4/97)

MARTIN HARM, P.I.
President

A-96-00270
B-96-00118

P.S.I. AGENCY, INC.

Process Service • Security • Investigations

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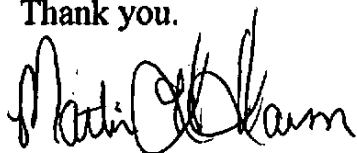
August 4, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Having not received the first notice of my 1997 Profit Corporation Annual Report, I spoke with a representative Doug and he informed me that due to the mail misdelivery I could forward \$165.00. I have enclosed the amount and I sincerely apologize for the delay.

Thank you.



Martin H. Harm
President