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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073344 (9)

PCS OF GULF BREEZE, INC.

	dell diseas, mo					
Principal Place	of Business	Mailing Address				- I ABBUTODA TOO HAKKA AKKI BUHHI QODU BORKA AAKAC HOORE AUTO BUTO BUTO BUTO BUTO BUTO BUTO BUTO B
3005 CORAL STRIP PARKWAY GULF BREEZE FL 32561		3005 CORAL STRIP PARKWAY GULF BREEZE FL 32561-2753				
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/04/1996
	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59 3399536 Not Applicable
Suite, Apt. #, etc. [22]		Suite, Apt. #, etc. 27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Ζφ	Country Zip		Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30 30 9, Name and Address of Current Registered Agent		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent
				81	Name	10. Raille Bilo Addiess di new negistered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
COR	AL GABLES FL 33134			83		
				84	City	Fi 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607.1508, Florida \$	statutes, the ab	ove	-named corpo	pration 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	_					
	Signative, typed or perhead annoint registered ager			Ager	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS AND	DELETI	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	HUSS, LOU M	<u></u>	1.2 NA		}	
STREET ADORESS	3005 CORAL STRIP PARKWAY				ADDRESS	
CHY ST 74"	GULF BREEZE FL 32561		1.4 CIT			
TITLE	STD	DELET	DELETE 2.1 YITLE			Change Addition
NAME	HUSS, CYNTHIA E		2.2 NAI	ME	ļ	•
STREET ADDRESS	3005 CORAL STRIP PARKWAY		23 \$16	REET	ADDRESS	······································
Citiy - ST - ZIP	GULF BREEZE FL 32561	DELET	2. 4 Cl		ST - ZIP	
THLE	L					☐ Change ☐ Addition
NAME On the Antonion			3.2 NA		ADDRESS	
STHAT LADORESS						
CITY ST-ZIP TITLE	(** ** ** ** ** ** ** ** ** ** ** ** **	DELET	3.4. CIT E 4.1 TIT) - til	Change Addition
NAME:			4. 2 NA			
STREET ADDRESS					address	
C TY-SI-ZIP			4.4 CIT	Y-\$1	T-ZIP	
TitleF		DELET	5.1 Trī	LE		Change Addition
NAV:			5.2 NA		}	
STREET ADDRESS					ADDRESS	
CHY - ST - ZIP	V 2	DELET	5.4 C()		T-ZIP	☐ Change ☐ Addition
TILLE		ריין טנוננו	6.1 TIT 6.2 NA			Cuange Mannon
NAME STREET ADDRESS					ADDRESS	
CITY - S1 - Ziri			6.3 S II 64 C II		1	
14. do herel	ny cert fy that the information supplied	with this filing does not	qualify for the	exe	mption 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:

SIGNALIME AND OF OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

1-31-97 904-934-0954

FILED

Mar 11 1997 8:00am

Secretary of State