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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 27 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000073900 (8)

PENSION SYSTEMS OF AMERICA, INC.

8001 N. DALE MABRY HIGHWAY. SUITE 501-K TAMPA FL 33614		8001 N. DALE MABRY HIGHWAY. SUITE 501-K TAMPA FL 33614-3265				
		·		3. Date Incorporated or Qualified 08/30/1996	3a. Date of Last	Report
2. Principal P	nace of Business	2a. Mailing Address	<del></del>	4. FEI Number	1 1	Applied For
21		26 PS A		59-3402944	T <sub>r</sub>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc 27 P.O. Box 23355		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	€:	City & State		6. Election Campaign Financing	\$5.00	D May Be
23		28 Tampa	FL.	Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it		s. 199.032,
24	25		O H: HSbocovy		Yes 🔀 No	
	9. Name and Address of Currer	nt Registered Agent	-	10. Name and Address of New Re	pistered Agent	
FLEMING, DONALD W			81 Name			
	MEDICAL LANE		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
Fĭ. I	MYERS FL 33907					
			83			
		:	84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statutes	the above-named con	poration submits this statement for the p		its registered
office or i	registered agent or both, in the State im familiar with, and accept the oblig	i of Florida. Such change was au	thorized by the corpora	tion's board of directors. I hereby accept	t the appointment a	s registered
SIGNATURE	Signature, typical rick miled have of registered agr	ent and title if applicable (NOTE: I	Registered Agent signature requ	ired when reinstating)	DATE	h
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PITID	☐ DELETE	11 TITLE		Change	Addition
NAME	Fleming, Britald w		12 NAME			
STREET ADDRESS	1700 medical here	<b>!</b>	1.3 STREET ADDRESS			
CHTY-S1-7P	1700 medical here Ft. myars, Ft 33	907	1.4 CITY - ST - ZIP			
1:TLF		DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADORESS			23 STREET ADDRESS			
CITY+ST ZIP			2 4 CITY-ST-ZIP			
†:TLE		L_] DELETE	3.1 TITLE		Change	Addition
NVWE			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY ST-7:P			3.4. CITY-ST-ZIP			
TILF		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 ZiP		Porter	4.4 CITY-ST-ZIP		- Dobassa	Latercan
THE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
SPREEL ADDRESS			5.3 STREET ADDRESS			
001Y-\$1-7P 101.E		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
		bittit	1		Change	AUDINION :
NAME CONCLUSION			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
0HY-S1-78 <b>14.</b> Ldo bere	by certify that the information supplie	d with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify the	at the
informatic Lami an c	on indicated on this annual report or :	supplemental annual report is tru r the receiver of trustee empowe	e and accurate and tha red to execute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l <b>e</b> ffect as if made u	inder oath; that

2-12-97

813-933-5606