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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075634 (1)

1. Corporation Name
P.S.L. PROPERTIES, INC.



Principal Place of Business: O/O LEONARD KINKER, 2929 EAST COMMERCIAL BLVD. #208, FORT LAUDERDALE FL 33308

Mailing Address: C/O LEONARD KINKER, 2929 EAST COMMERCIAL BLVD. #208, FORT LAUDERDALE FL 33308-4218

3. Date incorporated or Qualified: 09/11/1996

3a. Date of Last Report

4. FEI Number: 65-0702621

Applied For: Applied For, Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

KINKER, LEONARD
2929 EAST COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE FL 33308

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: _____ DATE: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: D [] DELETE

NAME: KINKER, LEONARD

STREET ADDRESS: 2929 EAST COMMERCIAL BLVD. #208

CITY-ST-ZIP: FORT LAUDERDALE FL 33308

TITLE: [] DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: [] DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: [] DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: [] DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: [] DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [] Change, Addition

1.2 NAME: TRON

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE: [] Change, Addition

2.2 NAME: D. ALVIN SILVERMAN

2.3 STREET ADDRESS: 1695 NW. HARBOUR PL

2.4 CITY-ST-ZIP: AVARD FL 33994

3.1 TITLE: [] Change, Addition

3.2 NAME: D. V.P. JUDGE

3.3 STREET ADDRESS: GEORGE F. SCHOFIELD JR

3.4 CITY-ST-ZIP: 314 SE QUANSET CIRCLE AVARD FL 33997

4.1 TITLE: [] Change, Addition

4.2 NAME: D. F. LOUIS WOLFF

4.3 STREET ADDRESS: 4720 NE 27 AVE

4.4 CITY-ST-ZIP: FL 33308

5.1 TITLE: [] Change, [] Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: [] Change, [] Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

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]* ALVIN SILVERMAN, President 03/09/97 561 692-4229

CFR2E034 (9/96)