

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

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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
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DOCUMENT # P96000075634 (1)

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



Principal Place of Business C/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
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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 09/11/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0702621	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

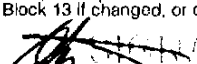
9. Name and Address of Current Registered Agent KINKER, LEONARD 2929 EAST COMMERCIAL BLVD. SUITE 208 FORT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TRON
NAME	KINKER, LEONARD	1.2 NAME	
STREET ADDRESS	2929 EAST COMMERCIAL BLVD. #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	D. PROS
NAME		2.2 NAME	ALVIN SILVERMAN
STREET ADDRESS		2.3 STREET ADDRESS	1695 NW. HARBOR PL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33194
TITLE		3.1 TITLE	D. V.P. JERRY
NAME		3.2 NAME	GEORGE F. SCHOFIELD JR
STREET ADDRESS		3.3 STREET ADDRESS	3144 SE QUINCY CIR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33194
TITLE		4.1 TITLE	D.
NAME		4.2 NAME	F. LOUIS WOLFE
STREET ADDRESS		4.3 STREET ADDRESS	4720 NE 27 AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33308
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  ALVIN SILVERMAN, President 03/09/97 561 692-4229

CR2E034 (9/96)