

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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90054 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075634

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/11/1996	4. FEI Number 65-0702621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <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 **ALVIN SILVERMAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
1695 NW Harbor Place
 83
 84 City **Stuart** FL 85 Zip Code **34994**

11. Pursuant to the provisions of Sections 607.0602 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  **ALVIN SILVERMAN** DATE **1/10/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DT	
NAME	KINKER, LEONARD	
STREET ADDRESS	2929 EAST COMMERCIAL BLVD. #208	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DP	
NAME	ALVIN SILVERMAN	
STREET ADDRESS	1695 NW HARGOUR PL	
CITY-ST-ZIP	STUART FL	
TITLE	DVP	
NAME	GEORGE F. SCHOTRESS JR	
STREET ADDRESS	3144 SE QUANSET CIR.	
CITY-ST-ZIP	STUART FL	
TITLE	D	
NAME	F. LOUIS DOLFF	
STREET ADDRESS	4720 NE 27 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			33308
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	1695 NW HARBOR PLACE		
2.4 CITY-ST-ZIP			34994
3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	GEORGE F. SCHOFIELD		
3.3 STREET ADDRESS	3144 SE QUONSET CIRCLE		
3.4 CITY-ST-ZIP			34994
4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	F. LOUIS WOLFF		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			33308
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:  **ALVIN SILVERMAN** DATE **1/10/99** (561) 692-4229
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (11/98)