


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000079277 (5) 1. Corporation Name P.S., INC.			

Principal Place of Business 5838 MASTERS BLVD. ORLANDO FL 32819	Mailing Address 5838 MASTERS BLVD. ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5312 CYPRESS RESERVE PL Suite, Apt. #, etc.		2a. Mailing Address 26 5312 CYPRESS RESERVE PL Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/24/1996	
22 City & State 23 WINTER PARK, FL Zip 24 32792		27 City & State 28 WINTER PARK, FL Zip 29 32792		4. FEI Number 59-3422329 Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 WINTER PARK, FL		28 WINTER PARK, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32792		29 32792		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEWART, SALLY A 5838 MASTERS BLVD. ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name SALLY A. STEWART 82 Street Address (P.O. Box Number is Not Acceptable) 83 5312 CYPRESS RESERVE PLACE 84 City WINTER PARK FL 85 Zip Code 32792	
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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 SALLY A. STEWART
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 01-08-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DST STEWART, SALLY A 5838 MASTERS BLVD. ORLANDO FL 32819	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP PINERA, ELENA 415 SE 28TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PIPE838 328192058 1A97 21 01/05/98
NOTIFY SENDER OF NEW ADDRESS
PIPELINE INC OF PINELLAS COUNTY
5312 CYPRESS RESERVE PL
WINTER PARK FL 32792-9429

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.

SIGNATURE SALLY A. STEWART

CR2E034 (10/97)