

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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000079277 (5)**  
 1. Corporation Name  
**P.S., INC.**



Principal Place of Business <b>5638 MASTERS BLVD. ORLANDO FL 32819</b>	Mailing Address <b>5638 MASTERS BLVD. ORLANDO FL 32819</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/24/1996**

4. FEI Number <b>59-3422329</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 <b>5312 CYPRESS RESERVE PL</b>	2a. Mailing Address 26 <b>5312 CYPRESS RESERVE PL</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>WINTER PARK, FL</b>	City & State 28 <b>WINTER PARK, FL</b>
Zip 24 <b>32792</b>	Country 25 <b>USA</b>
	Zip 29 <b>32792</b>
	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**STEWART, SALLY A  
 5638 MASTERS BLVD.  
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name <b>SALLY A. STEWART</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>5312 CYPRESS RESERVE PLACE</b>
84 City <b>WINTER PARK FL</b>
85 Zip Code <b>32792</b>

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** (NOTE: Registered Agent signature required when reinstating) DATE **01-08-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b> <input type="checkbox"/> DELETE
NAME	<b>STEWART, SALLY A</b>
STREET ADDRESS	<b>5638 MASTERS BLVD.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>PINERA, ELENA</b>
STREET ADDRESS	<b>415 SE 28TH TERRACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

**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)