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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

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Apr 25 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

1997

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SIGNATURE:

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PUBLIC SERVICES BUREAU, INC.

Principal Place of Business Mailing Address 400 S. FEDERAL HIGHWAY, SUITE 410 400 S. FEDERAL HIGHWAY, SUITE 410 BOYNTON BEACH FL 33435-4937 **BOYNTON BEACH FL 33435** 3. Date incorporated or Qualified 3a. Date of Last Report 10/07/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 Not Applicable 26 65::07023**0**9 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BENEBY, CHARLES 400 S. FEDERAL HIGHWAY, SUITE 410 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above pamed 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 21.11. Signature CHARTES BCASSY istered agent and title if applicable SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE BITLE 1.1 TITLE Change PRESIDENT PRESIDENT CHARLES BENEBY NAME 12 NAME CHARLES BENEBY 400 S. FEDERAL HWY. STE. 410 STREET ADORESS 1.3 STREET ADDRESS CITY-ST-ZIE BOYNTON BEACH, FL. 33435 1.4 City-St-ZiP DELETE Change TITLE 2.1 TITLE Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7P 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

PRESIDENT

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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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