

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90087 019 \*\*\*150.00

DOCUMENT # 96 000091841

1. Corporation Name

Professional Payroll Solutions Inc

Principal Place of Business

Mailing Address

190 W Spanish River Blvd  
#202

Boca Raton FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/96

4. FEI Number

65-0704373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21. 9600 W Sample Rd

2a. Mailing Address

26. Suite, Apt. #, etc. same

Suite, Apt. #, etc.

22. 304

Suite, Apt. #, etc.

27. City & State

23. Coral Springs FL

28. City & State

Zip Country

24. 33065 25.

Zip Country

29.

30.

9. Name and Address of Current Registered Agent

Conceita Lupardo  
190 W Spanish River Blvd 202  
Boca Raton FL 33431

10. Name and Address of New Registered Agent

81. Name

Conceita Lupardo

82. Street Address (P.O. Box Number is Not Acceptable)

9600 W Sample Rd

83.

304

84. City

Coral Springs FL

85. Zip Code

33065

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

4/30/99

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME Conceita Lupardo  
STREET ADDRESS 190 W Spanish River Blvd 202  
CITY-ST-ZIP Boca Raton FL 33431

TITLE DVP  
NAME Susan Anstis  
STREET ADDRESS 190 W Spanish River Blvd 202  
CITY-ST-ZIP Boca Raton FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Conceita Lupardo  
1.3 STREET ADDRESS 9600 W Sample Rd 304  
1.4 CITY-ST-ZIP Coral Springs FL 33065

2.1 TITLE DVP  
2.2 NAME Susan Anstis  
2.3 STREET ADDRESS 9600 W Sample Rd 304  
2.4 CITY-ST-ZIP Coral Springs FL 33065

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

CR2E034 (11/98)