## 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

## DOCUMENT # P97000022452

1. Corporation Name

PSH SALES INC.

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90025 036 \*\*\*150.00



}						
Principal Place of Business Mailing Address					( IBESIDE NO CASA MANAGEMENT AND	
5164 N.W. 66TH LANE 5164 N.W. 66TH LANE						
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067					DO NOT MIDITE IN THIS SPACE	
)					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					03/06/1997	
	(D) in	a Mailia Address			4. FEI Number Applied F	or
PARTIES NO.	ace of Business	2a. Mailing Address			65-0731780 Not Applie	
21	<u> </u>	Suite, Apt. #, etc.			\$8.75 Additio	
Suite, Apt. #, etc.		<del>                                     </del>	Suite, Apr. #, etc.		5. Certificate of Status Desired Fee Required	
22 City & State		27 City & State	City & State		a Floring Compaign Financing \$5.00 May 9	
23		28	¬ '		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangiple	
24	25		30	•	Personal Property Tax. Yes No	1
	g. Name and Address of Curren				10. Name and Address of New Registered Agent	
			1	Name		ł
	en, Paul		\ 	20 000010	(D.O. Dev Newhorie Net Assorbble)	
5164	N.W. 66TH LANE		l'	32 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
COR	AL SPRINGS FL 33067		T I	33		
			L			
}			1	34 City	FL 85 Zip Code	1
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s, the ab	ove-named co	proportion submits this statement for the purpose of changing its registe	ered
I office or re	egistered agent, or both, in the State.	of Florida. Such change was at	Jinorizea	ov the corpora	ation's board of directors. I hereby accept the appointment as registere	d
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Fibr	ioa Siaiui	es.		ĺ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	gent signature req	uired when reinstating) DATE	- { ;
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D	☐ DELETE	1.1 TITL	E	☐ Change ☐	Addition
NAME	ASHEN, HILLARY					
STREET ADDRESS			1.2 NAM	E		l l:
OTTICE TYROP IESO	5164 N.W. 66TH LANE		1	EET ADDRESS		}
CITY, ST 710	5164 N.W. 66TH LANE CORAL SPRINGS FL 33067		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.3 STR	EET ADDRESS	☐ Change	Addition
TITLE	CORAL SPRINGS FL 33067		1.3 \$TR	EET ADDRESS /- ST-ZIP E	Change ☐ .	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 33067 D ASHEN, PAUL	□ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	EET ADDRESS  '-ST-ZIP  E  IE  EET ADDRESS  Y-ST-ZIP		Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE =	CORAL SPRINGS FL 33067 D ASHEN, PAUL 5164 N.W. 66TH LANE CORAL SPRINGS FL 33067 -D	v	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	EET ADDRESS  /- ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE ====================================	CORAL SPRINGS FL 33067 D ASHEN, PAUL 5164 N.W. 66TH LANE CORAL SPRINGS FL 33067 -D ASHEN, SUSAN	v	1.3 STR 1.4 CIP 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.7 TITL 3.2 NAA	EET ADDRESS  /- ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E		
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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 suppliemental 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 or an attachment with an address, with all other like empowered.

SIGNATURE: