

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthog
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023270 (6)

1. Corporation Name

PROGRAM MANAGEMENT SERVICES, INC.

Principal Place of Business

8220 STATE ROAD 84 STE 210
FORT LAUDERDALE FL 33324

Mailing Address

8220 STATE ROAD 84 STE 210
FORT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

59-3465771

Applied For

Not Applicable

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

21 598 S. NORTH LAKE BLVD

Suite, Apt. #, etc.

22 SUITE 1040

City & State

23 ALTAMONTE SPRINGS, FL

Zip

24 32701

Country

25 SEMINOLE

2a. Mailing Address

26 598 S. NORTH LAKE BLVD

Suite, Apt. #, etc.

27 SUITE 1040

City & State

28 ALTAMONTE SPRINGS, FL

Zip

29 32701

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

CALDWELL, KEVIN S
8220 STATE ROAD 84 STE 210
FORT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name CALDWELL, KEVIN S (Same)
82 Street Address (P.O. Box Number is Not Acceptable)
598 S. NORTH LAKE BLVD
83 SUITE 1040
84 City ALTAMONTE SPRINGS FL FL 85 Zip Code 32701

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD
STREET ADDRESS CALDWELL, KEVIN S
CITY-ST-ZIP 8220 STATE ROAD 84 STE 210
FORT LAUDERDALE FL 33324

TITLE ☐ DELETE

NAME VTD
STREET ADDRESS BICKNELL, DALE R
CITY-ST-ZIP 8220 STATE ROAD 84 STE 210
FORT LAUDERDALE FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

AS CALDWELL, KEVIN S

CR2E034 (10/97)