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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023324 (1)

FILED Jan 22 1998 8:00am Secretary of State

PSC MANAGEMENT, INC.				I INDIANAL ING PANJA HINAK ANNI ANNI BONI ANNI ANNI ANNO ANDO ANDO ANDO ANDO	a 131 (34)
<u></u>			,		
,	ce of Business	Mailing Address	AD DIVID		
9715 WEST BROWARD BLVD SUITE 129		9715 WEST BROWARD BLVD SUITE 129			
PLANTATION	FL 33324	PLANTATION FL 33	324	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/14/1997	
2. Principal f	Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number App	olied For
21		26		16 073610104	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc 27	o.	5. Certificate of Status Desired Fee Req	
City & State		City & State		6. Election Campaign Financing \$5.00 A	•
Zip Country		28	Country	Trust Fund Contribution	
24	25	29	30	8. This corporation owes or has paid the current year Intal Personal Property Tax due June 30.	No No
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 81 Name			NELISSA SPANNOS		
	O1 HAYS STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
IA.	LLAHASSEE FL 32301-2525		83 8	5 W BROWALD BLUD ST	109
			03 Ø.	l1-27-0	
			84 City PU	GNYATION FL B5 Zip Ci	324
11. Pursuant office or	to the provisions of Sections 607.05	02 and 607.1508, Florida S	Statutes, the above-named co	rporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as re	registered egistered
agent. La	am familiar with, and accept the oblig	gations of Section 607.050	05, Florida Statules.	8125 1/10/97)
SIGNATURE	Standure, typed or printed flame of registered eg	pent and title if applicable	(NOTE: Registered Agent signature reg	1// 2// /	,
12.	OFFICERS At	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRESIDENY	DELETI	E 1.1 TITLE	Change	Addition
NAME	NECISSASPANDO 12662 NW 145	5 +	1.2 NAME		
STREET ADDRESS	SUN RISE F1 33:	, 20.3	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	300 8 100 17 33	DELETE	1.4 CHY-ST-ZIP E 2.1 TITLE	☐ Change	Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TUTLE		☐ DELETI	E 3.1 TITLE	Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	·		3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP E 4.1 TITLE	Change	Addition
NAME		better	4. 2 NAME	Uniangs	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE		Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	E 6.1 TITLE	☐ Change	Addition
NAME			. 6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 supplied 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 of the corp