## 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 # P97000023324

Corporation Name

PSC MANAGEMENT, INC.

Principal	Place of	Business

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90030 004 \*\*\*150.00



	incipal Pla	ce of Business	Mailing Address			i rassindor fir sorii sobis odiii odiis odise sirad istoo isida siiila sidis oleh joo
971	15 WEST B	ROWARD BLVD	9715 WEST BROWARD BL	VD		
	IITE 129 .	1	SUITE 129	-		
PL/	ANTATION	FL 33324	PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE
, '				_ · ·		-3. Date Incorporated or Qualifed
						03/14/1997
2.′	Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		*	26			65-0736793 Not Applicable
	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		-	\$8.75 Additional
22	•	•.	27			5. Certificate of Status Desired Fee Required
•	City & Sta	ate	City & State	*******		6. Election Campaign Financing \$5.00 May Be
23			28			Trust Fund Contribution Added to Fees
	Zip ·	Cou	intry Zip	Country		8. This corporation owes the current year Intangible
24	1	25	29	30		Personal Property Tax.
1		9. Name and Ad	dress of Current Registered Agent	100		10. Name and Address of New Registered Agent
. 4				81	Name	
1		RISSA SPANNOS				
•	°° 5971	5 W BROWARD BL	.VD #129	82	Street	t Address (P.O. Box Number is Not Acceptable)
	Pla	INTATION FL 3332	<b>4</b> *	83		
				"		
				84	City	85 Zip Code
44	Durationt	to the manufacture of C	Continue CO7 0500 5- 1007 4500 51-11-01			
Sizi	office or i	registered agent, or b	oth, in the State of Florida. Such change was a	es, the above uthorized by	s-named the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
14.0	i agent. I a	am familiar with, and a	accept the obligations of, Section 607.0505, Flor	rida Statutés		and the second s
	GNATURE					
SIC		Signature, typed or printed r			t signature	required when reinstating), OATE
SIC 12.	•	Signature, typed or printed r	OFFICERS AND DIRECTORS	13.	t signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	E	Signature, typed or printed r	OFFICERS AND DIRECTORS	13. 1.1 TITLE	t signature	The state of the s
12.	E	P  NERISSA SPANN	OFFICERS AND DIRECTORS  DELETE	13.	t signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 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 office 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 changes of an attackment with an address, with all other like empowered.

SIGNATURE: