

0066946

pg 193 2500

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

00 AUG 28 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034566

1. Corporation Name
PROFESSIONAL MERCHANDISING SYSTEMS, INC.

Principal Place of Business

14320 SW 21ST ST
DAVIE FL 33325
US

Mailing Address

~~1290 WESTON ROAD~~ 14320 SW 21st St
~~SUITE 300~~
~~WESTON FL 33326~~ DAVIE, FLA.
33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

65-0747414

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

27

28

29

30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ANNE T O'BRIEN
143-20 SW 21ST ST
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

8/21/00

12. OFFICERS AND DIRECTORS

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

D

O'BRIEN, ANNE T

~~200 BERMUDA SPRINGS DRIVE~~

~~FT LAUDERDALE FL 33326~~

14320 SW 21st St
DAVIE, FLA 33325

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

000003385980--2
-09/08/00--01003--004
****300.00 ****300.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/00 954/916/0584

CR2E034 (5/99)

pg 2 of 3
Professional Merchandising Systems

ON 8/21/00 I spoke to LESLIE IN
REFERENCE to our company

Professional Merchandising Systems

14320 SW 21st ST

DAVIE, FLA. 33325

MAILING ADDRESS SAME AS ABOVE.

WE HAVE JUST RECEIVED THE ENCLOSED NOTICE
AS IT WAS SENT to our original layaway
office & not furnished.

WE WERE ADVISED to SEND check for
\$300.00 (enclosed) Along with letter of
EXPLANATION.

Thank you for your
Kind Attention

P.O. Box 934251
Margate, Florida 33093

Phone (954) 632-5796

Fax (954) 336-0700

Ed Smith

Ann B.

IT's all in
this envelope
return to
no 00001

PILELSKY, PA
SELLORS AT LAW
D. SUITE 300
IDA 33326

Ms. Anne T. O'Brien
299 Bermuda Springs Drive
Ft. Lauderdale, FL 33326

ATTENDED BY
NO SUCH NUMBER

33326518 IN
RETURN TO SENDER
OBR1299
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN

08 11/22/99