

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

FILED

98 APR 29 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034576

1. Corporation Name

Psychic Operators, Inc.

Principal Place of Business

Mailing Address

**3050 Biscayne Blvd.
Suite 700
Miami, FL 33137**

**3050 Biscayne Blvd.
Suite 700
Miami, FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/16/97

4. FEI Number

65-0465739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

**Jann I Fisher, Esq.
3050 Biscayne Blvd.
Suite 700
Miami, Florida 33137**

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

10. Name and Address of New Registered Agent

81 Name

C T Corporation System

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

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Conie Buys

ASSISTANT SECRETARY

4/29/98

(Signature types and prints name of officer or director)

(Name of registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE
NAME **Jeffrey S. Kornblum**
STREET ADDRESS **3050 Biscayne Blvd., Ste 700**
CITY-ST-ZIP **Miami, Florida 33137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME **800002513028--9**
13 STREET ADDRESS **-05/06/98--01036--027**
14 CITY-ST-ZIP *******450.00 *****150.00**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: no information indicated on this annual report or supplementary annual report is false 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 and have been duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of officer or director is made with an address.

SIGNATURE:

Jeffrey Kornblum

Jeffrey S. Kornblum, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)