## 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 # **P97000049687**

1. Corporation Name

PSHS PARTNERSHIP VENTURES, INC.

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Principal Place	e of Business	Mailing Address			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
150 SW 12TH AVENUE SUITE 201 POMPANO BEACH FL 33069 US		150 SW 12TH AVENUE SUITE 201 POMPANO BEACH FL 33069 US			O NOT WRITE IN TH	HIS SPACE		
00				3, Date Incorporated 06/05/1997				
2 Principal Pl	ace of Business	2a, Mailing Address	m-,	4. FEI Number		App	lied For	
21		26		65-0793957		Not	Applicable_	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Statu	us Desired	\$8.75 A	dditional	
22		27		5. Certificate of State	is Desired	Fee Red	quired	
City & State	е	City & State		6. Election Campaig	n Financing	\$5.00	May Be	
23		28		Trust Fund Contri	ibution	Added to	Fees	
Zip	Country	Zip	Country	g. This corporation of	owes the current year			
24	25	29 30	<u> </u>	Personal Property			□No	
	9. Name and Address of Current	t Registered Agent	-   -	10. Name and Addre	ess of New Register	ed Agent		
1460	ON UNGER		81 Name _	JASON U	NGER			
	S ANDREWS AVE #200		82 Street Add	dress (P.O. Box Number is	s Not Acceptable)	• ~	•	
	IPANO BCH FL 33069		21	15 South	Monroe	Street		
FUN	FANO DON IL 33009	•	83 #	705-A	· · · · · · · · · · · · · · · · · · ·		ł	
			84 City	11 a hossee	F	EL 85 Zip C	ode 301	
44				1 -		of changing its		
11 Pursuani	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above-named cor	rporation submits this state	ement for the purpose	of cuanding its	egistered	
office or re	to the provisions of Sections 607.0502 egistered agent; or both, in the State of	of Florida. Such change was auth	norized by the comporat	rporation submits this state tion's board of directors. I	ement for the purpose hereby accept the ap	pointment as reg	jistered	
office or re agent. I as	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by the comporat	rporation submits this state tion's board of directors, I	hereby accept the ap	pointment as reg	registered pistered	
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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 peport 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 eceiver of the endowed 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 any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 028 \*\*\*300.00