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FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053179 (2)

1. Corporation Name

PERSONALLY YOURS SERVICES OF CENTRAL FLORIDA, IN
C.

Principal Place of Business

1800 WEST 49TH ST., SUITE 300
HIALEAH FL 33012

Mailing Address

1800 WEST 49TH ST., SUITE 300
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

65-0764636

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

REISER, MICHAEL R
1800 WEST 49TH ST., SUITE 300
HIALEAH FL 33012

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME REISER, MICHAEL R
STREET ADDRESS 1800 WEST 49TH ST., SUITE 300
CITY-ST-ZIP HIALEAH FL 33012

TITLE D
NAME REISER, DONALD
STREET ADDRESS 1800 WEST 49TH ST., SUITE 300
CITY-ST-ZIP HIALEAH FL 33012

TITLE D
NAME REISER, JACQUELINE B
STREET ADDRESS 1800 WEST 49TH ST., SUITE 300
CITY-ST-ZIP HIALEAH FL 33012

TITLE D
NAME REISER, BETTY
STREET ADDRESS 1800 WEST 49TH ST., SUITE 300
CITY-ST-ZIP HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President / Treasurer ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice-President ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President / Secretary ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Vice-President ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 recorder 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]

3/4/98

305-822-0688

CP2E034 (10/97)