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 # P97000053179

1. Corporation Name

PERSONALLY YOURS SERVICES OF CENTRAL FLORIDA, IN

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90030 025 ***150.00



				<u> </u>	/B \$5104 51911 10018 1811 1001
Principal Place	e of Business	Mailing Address			
1800 WEST 49TH ST., SUITE 300 HIALEAH FL 33012		1800 WEST 49TH ST., SUITE 300 HIALEAH FL 33012		DO NOT HAVE IN THIS SELECT	
				DO NOT WRITE IN THIS SP	ACE
			,	3. Date Incorporated or Qualifed 06/17/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0764636	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Controlled of Clauses Decision	Fee:Required
City & State	, , , , , , , , , , , , , , , , , , , ,	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	L Zip ⊢	Country	8. This corporation owes the current year Intang	
24	[25]	<u></u>	30	1 District (Sporty Law)	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	ent
REISER, MICHAEL R			81 Name		
	WEST 49TH ST., SUITE 300		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33012			83		
			84 City	FL	85 Zip Code
		1 007 4500 Florido Ctobaso			anging its registered
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 [Secondary hand or policing against and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe				ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	PT OFFICERS AND	DELETE	1.1 TITLE		Change Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		1.2 NAME	_	7
NAME	REISER, MICHAEL R	nn			5
STREET ADDRESS	1800 WEST 49TH ST., SUITE 30	UU	1.3 STREET ADDRESS		ן מ
CITY-ST-ZIP	HIALEAH FL 33012 VP	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition C
TITLE	•••	DELETE	■	_	
NAME	REISER, DONALD	00	2.2 NAME		
STREET ADDRESS	1800 WEST 49TH ST., SUITE 3	00	2.3 STREET ADDRESS	ال المستقديد المستقداد المستقديد المستقداد المستقديد المستقد المستقديد المستقديد المستقديد المستقديد المستقديد المستقديد المس	
CITY-ST-ZIP	HIALEAH FL 33012	DELETE	- 2-4 CITY-ST-ZIP		Change Addition
TITLE	VPS		3.1 TITLE	_	7
NAME x	REISER, JACQUELINE B	00	3.2 NAME		
STREET ADDRESS	1800 WEST 49TH ST., SUITE 3	UU	3.3 STREET ADDRESS		†
CITY-ST-ZIP	HIALEAH FL 33012	D DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	VP	☐ DELETE	4.1 TITLE	_	Tourise Clycology
NAME	REISER, BETTY	^^	4. 2 NAME		}
STREET ADDRESS	1800 WEST 49TH ST., SUITE 3	UU	4.3 STREET ADDRESS		1
CITY+ST-ZIP	HIALEAH FL 33012		4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE	L	∃ ouguide ☐ Mudition
NAME			5.2 NAME	•	İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		□ Delete	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE		L	⊒ Change ☐ Mod@on
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP.			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 receiver or truese 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 with all other like empowered

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO