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

DOCUMENT #

P97000058583 (0)

PRSI SALES, INC.

FILED Mar 04 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address	Mailing Address					
600 BYPAS	RS DRIVE	600 BYPASS DRIVE						
SUITE 210		SUITE 210			1			
CLEARWATER FL 33764		CLEARWATER FL 337	CLEARWATER FL 33764		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						07/01/1997		
2. Principal Place of Business		· · · - · · ·	2a. Mailing Address		4. FEI Number 3455750 Applied For Not Applicable			
21			26		39-31-21		Not Applicable	
	pt. #, etc.	Suite, Apt. #, etc.				Certificate of Status Desired		75 Additional
22	Note:	27]					·	ee Required
City & State		J	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Z _{IP}	Country	7 _(F)		untry				
24	· · · · · · · · · · · · · · · · · · ·	h · i	<u></u>	O ICI Y		8. This corporation owes or has paid		ar intangible
24	25 9. Name and Address of Cu	rrent Registered Agent	30	т		Personal Property Tax due June 3 10. Name and Address of New Regi		LJ 110
h		Tolli riogiatoroo Agoin		81	Name	IV. Hamb and Addios of the Hogi	Stored Agent	· · · · · · · · · · · · · · · · · · ·
	BADGER, BERKLEY			82				
	800 BYPASS DRIVE				Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	SUITE 210			83				
,	CLEARWATER FL 33764			63				
				B4	City		85	Zip Code
				ال			FL ~	
11. Pursua office o	int to the provisions of Sections 607 or registered agent, or both, in the S	0502 and 607.1508, Florida State of Florida State	atutes, the a as authorize	ad by	e-named corp the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept	rpose of chang the appointme	ing its registered
agent.	I am familiar with, and accept the of	hligations of, Section 607.0505	, Florida Sta	tutes	3.	,		ŭ
SIGNATUR	E		***************************************					
	Signature Typed or printed name of registeres	and DIRECTORS			int signature requir	red when reinstating)	DATE DIREC	27000 0140
12.	T D	DELETE	13.	ritle	———Т	ADDITIONS/CHANGES TO OFFICE	Cha	
NAME	BADGER, BERKLEY			NAME			ال ب	ingorecentori
STREET ADDRES	TARPON SPRINGS FL 346	200			ADDRESS			
CITY-ST-ZIP TITLE	IANFOR SPAROS PL 340	DELETE	2.1.1	HTY-S	T-ZIP		☐ Cha	nge Addition
					ļ		11 016	ride (T vention
NAME				MAME				i
STREET ADDRES	SS				ADDRESS	\$.**	we.	
CITY-ST-ZIP		☐ DELETE		CITY - S	ST-ZIP		☐ Cha	nge Addition
TITLE		בן סנונונ	3.1 T					info ["] wholitoil
NAME				IAME				
STREET ADDRES	ss				ADDRESS			
CITY-ST-ZIP		DELETE		CITY-S	ST-ZIP		☐ Che	ange Addition
TITLE		☐ britit	4.1.3		1		L Ch2	inñe 🗀 vaniagu
NAME				NAME				
STREET ADORES	SS				ADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE	{	☐ DELETE	517		-		☐ Cha	inge 🔲 Addition
NAME				IAME				
STREET ADDRES	ss		5.3 9	TREET	ADDRESS			·
CITY-ST-ZIP				ЖY-S	T-ZIP			
TITLE		DELETE	6.11	ITLE		·	☐ Cha	ange 🔲 Addition
NAME	1		6.2 N	IAME				
STREET ADDRES	ss		6.3 9	TREET	ADDRESS			
CITY-ST-ZIP	1		6.4.0	HTY - S	T-ZIP			;

14. Thereby 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 automorphism with an address

SIGNATURE:

SIGNATURE

SIGNATURE

**Total Control of the corporation of 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 automorphism with an address

SIGNATURE

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SIGNATURE

**Total Control of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the Information indicated on this 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 office or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 office or director of the corporation of the corporation of the receiver of the corporation

SIGNATURE: