

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90037 046 ***150.00

DOCUMENT # P97000063759

1. Corporation Name

PSP INTERNATIONAL, INC.

Principal Place of Business

2019 CALUSA LAKES BLVD
NOKOMIS FL 34275
US

Mailing Address

2019 CALUSA LAKES BLVD
NOKOMIS FL 34275
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

65-0773934

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEPPER, ARTHUR L ESQ
1680 FRUITVILLE ROAD SUITE 102
SARASOTA FL 34236

81 Name TEPPER ARTHUR L ESQ.

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

83

84 City SARASOTA FL 85 Zip Code 34237

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PROSSER, COLIN F
STREET ADDRESS PRINTZENHOF 6
CITY-ST-ZIP SCHWALMTAL GE 41366

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME PROSSER COLIN F.
1.3 STREET ADDRESS 2019 CALUSA LAKES BLVD.
1.4 CITY-ST-ZIP NOKOMIS FL. 34275

TITLE D ☐ DELETE
NAME PROSSER, SIMON G
STREET ADDRESS PO BOX 065, 6433 OETZ
CITY-ST-ZIP AUSTIRA

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME PROSSER SIMON G
2.3 STREET ADDRESS 1 PARK PLACE CANARY WHARF
2.4 CITY-ST-ZIP LONDON E14 4HT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
TEPPER, ARTHUR L ESQ

04/28/99

941-412-9494

Date

Daytime Phone #

CR2E034 (1/198)

0479655