

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jun 02 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 # P97000072548 (5)**  
1. Corporation Name  
**PARTNERSHIP SERVICES NETWORK, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3380 MACMASTER PLACE  
MELBOURNE FL 32934**

Mailing Address  
**3380 MACMASTER PLACE  
MELBOURNE FL 32934**

3. Date Incorporated or Qualified  
**08/20/1997**

4. FEI Number  
**59-3453606** 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  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  
**HARRIS, PERCY L  
3380 MACMASTER PLACE  
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent  
81 Name **Percy L. Harris**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3380 MacMaster Place**  
83  
84 City **Melbourne** FL 85 Zip Code **32934**

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.  
**Percy L. Harris President**  
SIGNATURE *Percy L. Harris* DATE **4/15/98**

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>President</b> <input type="checkbox"/> DELETE |
| NAME           | <b>Percy L. Harris</b>                           |
| STREET ADDRESS | <b>3380 MacMaster Place</b>                      |
| CITY-ST-ZIP    | <b>Melbourne, Florida 32934</b>                  |
| TITLE          | <b>VP</b> <input type="checkbox"/> DELETE        |
| NAME           | <b>Damon Haynes</b>                              |
| STREET ADDRESS | <b>302 Rachele Ave. Apt. 224</b>                 |
| CITY-ST-ZIP    | <b>Sanford, Florida 32771</b>                    |
| TITLE          | <b>Treasurer</b> <input type="checkbox"/> DELETE |
| NAME           | <b>Rudy Gipson</b>                               |
| STREET ADDRESS | <b>847 Horton Road</b>                           |
| CITY-ST-ZIP    | <b>Durham, NC 28202</b>                          |
| TITLE          | <b>Secretary</b> <input type="checkbox"/> DELETE |
| NAME           | <b>Billy D. Harris</b>                           |
| STREET ADDRESS | <b>3380 MacMaster Place</b>                      |
| CITY-ST-ZIP    | <b>Melbourne, Fl 32934</b>                       |
| TITLE          | <input type="checkbox"/> DELETE                  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS | <b>600002546886</b>   |
| 4.4 CITY-ST-ZIP    | <b>-06/04/98--01004--035</b><br><b>***150.00</b>                  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)