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 May 17, 1999 8:00 am Secretary of State

05-17-1999 90037 018 ***150.00

DOCUMENT	#	P97000076011
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1. Corporation Name

Project Measurement Services, Inc.

Principal Plac	ce of Business	Mailing Address				_			
1577 5		1577 P-+1 3	De = 3						
	ackwood Road	1577 Packwood				DO NOT WRITE IN THIS	SPACE		
North F	Palm Beach, FL 33408	North Palm Bea	acn,	гь	33400	3. Date Incorporated or Qualifed			
						9/3/97			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0777924		Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional	
22		27			****			Required	
├	ity & State City & State				6. Election Campaign Financing	-	0 Мау Ве		
23		 	Zio Country			Trust Fund Contribution		d to Fees	
Zip	Country	Zip		питу		8. This corporation owes the current year Int	angible Yes	□No	
24	25	Desistered Asset	30	_	***	Personal Property Tax. 10. Name and Address of New Registered		LINO	
<u> </u>	9. Name and Address of Current	Registered Agent		81	Name	to. Name and Address of New Registered	-tgent		
					11447776				
Lisa S. Petersen 1577 Packwood Road				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
				83					
North	Palm Beach, FL 33	408					A = 7:	-0-4-	
				84	City	FL	85 Zi	p Code	
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligatio	f Florida. Such change was a	uthorized	i by i	the corporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	changing itment as	its registered registered	
SIGNATURE									
	Signature, typed or printed name of registered agent a			Agent	t signature required		O DIDEC	TODE IN 12	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang		
TITLE	P, D	□ bereie	1.1 11				L] Onling	c	
NAME	Thomas L. Petersen		1 2 NA						
	1577 Packwood Road				ADDRESS				
CITY-ST-ZIP	North Palm Beach, FL	_33408 □ DELETE	2.1 TIT	TY-ST	-ZIP		Chang	e Addition	
TITLE	VP, S, T, D			2.2 NAME					
NAME	Lisa S. Petersen		8		ADDRESS				
STREET ADDRESS	13// Fackwood Road	22.422			ł				
CITY-ST-ZIP TITLE	North Palm Beach, FL	_33408	2. 4 CI		1-ZIP		Chang	e 🗍 Addition	
			3.2 NA						
NAME STREET ADDRESS			li l		ADDRESS				
	<u>'</u>		3.3 S!						
CITY-\$T-ZIP			4 1 TII		1-411		[] Chang	e Addition	
NAME	1	□ DELETE						i	
STREET ADDRESS	'	∏ DELETE	4.2 N	AME				l l	
L DINEEL MOUNCOO		∐ DELETE	4. 2 N		ADDRESS		опапу		
CITY OT 7ID	·	[DELETE	4.3 ST	REET	ADDRESS		Onang		
CITY-ST-ZIP		☐ DELETE	4.3 ST	REET			Chang	e Addition	
TITLE		_	4.3 ST 4 4 CI	REET TY-ST				e Addition	
TITLE NAME		_	4.3 ST 4.4 CI 5.1 TIT 5.2 NA	REET TY-ST TLE AME				e	
TITLE NAME STREET ADDRESS		_	4.3 ST 4.4 CI 5.1 TIT 5.2 NA	REET TY-ST TLE AME REET	-ZIP ADDRESS			e Addition	
TITLE NAME		_	4.3 ST 4 4 CI 5 1 TIT 5.2 NA 5 3 ST	REET TY-ST TLE AME REET TY-ST	-ZIP ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 ST 4 4 CI 5 1 TI 5.2 NA 5 3 ST 5.4 CI	TREET TY-ST TLE AME TREET TY-ST	-ZIP ADDRESS		Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 ST 4 4 CI 5 1 TII 5.2 NA 5 3 ST 5.4 CI 6.1 TII 6 2 NA	REET TY-ST TLE AME REET TY-ST TLE	-ZIP ADDRESS		Chang		

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:

MAN DETUSEN Lisa

Lisa S. Petersen

(561) 624-3837

Daytime Phone

CR2E034 (11/98)