

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000079170 (1)**

1. Corporation Name
PSORAYA GENERAL, INC.



Principal Place of Business 3675 DERBYSHIRE ROAD SUITE 213 CASSELBERRY FL 32707	Mailing Address 3675 DERBYSHIRE ROAD SUITE 213 CASSELBERRY FL 32707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/11/1997	
4. FEI Number 59-3470734		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHUFFIELD, W C ESQ. 315 E. ROBINSON STREET SUITE 600 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D/C/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOADY, SAID			1.2 NAME	MOADY, SAID		
STREET ADDRESS	3675 DERBYSHIRE ROAD SUITE 213			1.3 STREET ADDRESS	3675 DERBYSHIRE ROAD SUITE 213		
CITY-ST-ZIP	CASSELBERRY FL 32707			1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHUFFIELD, KAREN			2.2 NAME			
STREET ADDRESS	2307 LAKESIDE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBSON, JANE S PH.D			3.2 NAME			
STREET ADDRESS	2699 WRIGHT AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHITTY, NATHAN H			4.2 NAME	CHITTY, NATHAN H		
STREET ADDRESS	1344 SPRING LAKE DRIVE			4.3 STREET ADDRESS	1344 SPRING LAKE DRIVE		
CITY-ST-ZIP	ORLANDO FL 32804			4.4 CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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 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.

SIGNATURE:  3/2/98

CP2E034 (10/97)