

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 23 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 # P97000106609 (5)  
1. Corporation Name

PSL INVESTORS, INC.



Principal Place of Business

23B S.W. OSCEOLA ST.  
STUART FL 34994

Mailing Address

23B S.W. OSCEOLA ST.  
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

65-0812051

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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 3228 S.W. Martin Downs Blvd

Suite, Apt. #, etc.

22 Suite #5

City & State

23 Palm City, FL

Zip

24 34990

Country

25 USA

2a. Mailing Address

26 3228 S.W. Martin Downs Blvd

Suite, Apt. #, etc.

27 Suite #5

City & State

28 Palm City, FL

Zip

29 34990

Country

30 USA

9. Name and Address of Current Registered Agent

VITALE, STEVEN G  
23B S.W. OSCEOLA ST.  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name Vitale, Steven G  
82 Street Address (P.O. Box Number is Not Acceptable)  
3228 S.W. Martin Downs Blvd.  
83 Suite #5  
84 City Palm City FL 85 Zip Code 34990

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 *Steven G. Vitale*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1.1	P/D Otto Vitale	3228 S.W. Martin Downs Blvd. Ste. 5	Palm City, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	V/D James R. Davis	3228 S.W. Martin Downs Blvd. Ste. 5	Palm City, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 *Steven G. Vitale* 7/10/98 65-081-1999

CR2E034 (5/98)