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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108410 (6)

PICRO SERVICES, INC.

L						
Pr	Principal Place of Business Mailing Address					1 (001/100) (15 15/1/ 150)) 86/1/ 86/1/ 86/1/ 86/1/ 86/1/ 86/1/ 86/1/ 86/1/ 86/1/ 86/1/ 86/1/ 86/1/
1 .	14014 N. 46TH STREET 14014 N. 46TH STREET					
	TAMPA FL 3361	19	TAMPA FL 33613			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
Ļ					·····	12/26/1997
_	Principal Place of Business 2a, Mailing Address					4. FEI Number Applied For Not Applicable
21			Suite, Apt. #, etc.	Suite Ant # etc		S8.75 Additional
22	27				5. Certificate of Status Desired Fee Required	
ļ			City & State	i State		Election Campaign Financing \$5.00 May Be
23	23		28			Trust Fund Contribution Added to Fees
	Zip	'		Count	iry	8. This corporation owes or has paid the current year Intargible
24		25	29	30		Personal Property Tax due June 30. Yes X No
⊢		9, Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Registered Agent
ļ		CIRILLI, ROBERT				
	14014 N. 46TH STREET			8	Street /	Address (P.O. Box Number is Not Acceptable)
	I ANI	PA FL 33613		8	13	
1						
				8	4 City	FL 85 Zip Code
11	I. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Ste	itutes, the abo	ve-named	corporation submits this statement for the purpose of changing its registered
	office or reg agent. I am	g iste red agent, or both, in the Stat familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	is authorized l Florida Statut	by the corp ies.	poration's board of directors. I hereby accept the appointment as registered
l _{sı}	GNATURE					
<u> </u>	Sk	gnature, typed or printed name of registered ag			gent signature	a required when reinstating) DATE
12		OFFICERS AN	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
1	ME .	PICCIRILLI, SANDRA		1.2 NAM		בין טומוולף ייי ביסטווטו
	STREET ADDRESS 1404 N. 46TH STREET			1.3 STREET ADDRESS		
1 -	TY-ST-ZIP	TAMPA FL 33617		1.4 CiTY		
TIT				2 1 TITLE		Change Addition
NA.	AME PICCIRILLI, ROBERT			2.2 NAME		
STI	REET ADDRESS	1404 N. 46TH STREET		2.3 STRE	ET ADDRESS	
_	Y-ST-ZIP	TAMPA FL 33617	T on the		r-ST-ZIP	
i	TITLE		☐ DELETE	1		Change L_ Addition
	ME			3.2 NAMI	!	
ł	REET ADDRESS				ET ADDRESS	
CIT	Y-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE	'-ST-ZIP	Change Addition
1	NAME		hand southern	4.1 OILC	1	
!	REET ADDRESS				ET ADDRESS	
ı	TY-ST-ZIP			4.4 CITY		
TIT			DELETE	5.1 TITLE		☐ Change ☐ Addition
NA	ME .			5 2 NAM	£ [
sπ	REET ADDRESS			5.3 STRE	ET ADDRESS	
CIT	Y-ST-ZIP			5.4 City	-ST-ZIP	
TIT			☐ DELETE	6.1 TITLE		Change Addition
NAI	ì			6.2 NAME	ì	
	DEET ADDOLGG			0.0.0700	ET ADDRESS	

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 altachment with an address.

6.4 CITY-ST-ZIP