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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9800000453

DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-04-1999 90157 036 ***150.00

P&CS	ales and service, inc.										
Principal Place	of Business	Ma	iling Address			_					(4 (1 44) (14)
307 W BERCKMAN ST FRUITLAND PARK FL 34731			307 W BERCKMAN ST FRUITLAND PARK FL 34731					DO NOT WRITE IN	THIS SP	ACE	
								Date Incorporated or Qualifed 01/02/1998			
2. Principal Place of Business			Mailing Addre	SS				4. FEI Number		Ar	oplied For
21			26 P.O. BOX 72			<u> </u>		59-3487806		No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #,	etc.				5. Certifcate of Status Desired	\$		Additional
								o. Certicate of Cities Besties		Fee Re	equired
City & State			City & State			_		6. Election Campaign Financing		•	May Be
:3		28	Fruitl	AND	MARK	<u>, I-L</u>		Trust Fund Contribution		Added	to Fees
Zip	Country		Zip _		Count	rý		8. This corporation owes the current ye			
4	25	29	3473	51	30	<u>LAt</u>	(E	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Regist	tered Agent					10. Name and Address of New Regist	ered Age	nt	
					18	1 Nam	e				
WELLER, CAROL E 307 W BERCKMAN ST FRUITLAND PARK FL 34731						2 Stre	et Addr	ess (P.O. Box Number is Not Acceptable)	•		
						3					
						4 City			[35 Zip	Code
						1 -		oration submits this statement for the purpo	<u> FL </u>		3 77
SIGNATURE	m familiar with, and accept the obligation						re required	d when reinstating) DA			
12.	OFFICERS AND	DIRE	CTORS		13.	,		ADDITIONS/CHANGES TO OFFICER			
TITLE	D		☐ DE	LETE	1.1 TITLS	Ē	1		L] Change	Addition
NAME	WELLER, PATRICK D				1.2 NAM	Ε					
STREET ADDRESS	307 W BERCKMAN ST				1.3 STR	EET ADORE	ss				
CITY-ST-ZIP	FRUITLAND PARK FL 34731				1.4 CITY	-ST-ZIP					
TITLE	D		☐ DE	LETE	2.1 TITLI	E] Change	Addition
NAME :	WELLER, CAROL E				2.2 NAM	E					
STREET ADDRESS	307 W BERCKMAN ST				2.3 STRI	EET ADDRÉ	ss				
CITY-ST-ZIP	FRUITLAND PARK FL 34731				2. 4 CITY	r-ST-ZIP					
TITLE			☐ DE	LETE	3.1 TITLI	E] Change	Addition
NAME					3.2 NAM	E					
STREET ADDRESS					3.3 STRI	EET ADDRE	ss				
CITY-ST-ZIP					3.4. CIT	-ST-ZIP					
TITLE			☐ DE	LETE	4.1 TITL] Change	Addition
NAME					4. 2 NAN	Æ					
STREET ADDRESS						EET ADDRE	ss				4
CITY-ST-ZIP						-ST-ZIP					
TITLE			□ DE	LETE	5.1 TITL				Ĺ	Change	Addition
NAME					5.2 NAM			•			
STREET ADDRESS					5.3 STR	EET ADDRE	ss				
	·				5.4 CITY	-ST-ZIP					
CITY-ST-ZIP TITLE			DE	LETE	6.1 TITL				Ē] Change	Addition
NAME					6.2 NAM	E					
						EET ADDRE	ss				
STREET ADDRESS	}					-ST-7IP					

14. 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:

4-28-99

352-787-4977