**PROFIT** CORPORATION ANN JAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90098 033 \*\*\*150.00

## DOCUMENT # P98000044787

1. Corporation Name

PSI #26, INC.

<b>Principal</b>	Place o	of Business
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2000 N. FL. MANGO RD., STE.200 WEST PALM BEACH FL 33409

Mailing Address

2000 N. FL. MANGO RD., STE.200 WEST PALM BEACH FL 33409

						DO NOT WRI	IE IN I HI	SPACE	
					T	porated or Qualifed			
			•	_	05/13/1	998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Numb	er COLUMNO		Ap	oplied For
21 0/5	5 5th St	26 215 5ty	<u>`</u> ST	·	65	<u>0844470</u>		No.	ot Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.			E Cortifes to	of Status Desired			Ac ditional
22 SUI	te 108	27 Juite 108			g, Certificate	Ol Otalus Desired		Fee Re	equired
City & State	e 1	City & State	2		, 6. Election C	ampaign Financing		\$5.00	May Be
23 W/FS	ST Halm Brach, Fl	28 West Hair	) 15ca	ich, Fi	Trust Fund	f Contribution		Added	to Fees
Zip	Country	Zip	Countr	<del>y - <b>y</b></del>	8, This corpo	ration owes the curr	ent year In	tangible	
<sup>24</sup> <b>ゴ</b> ゴ 4	10 [25] IJSA	29 334N 3	0 / 15	A	Personal F	Property Tax.		☐Yes	[]No
— <del>———</del> —	9. Name and Address of Current	Registered Agent			10. Name and	d Address of New R	legistered	Agent	
			81	Name					
JONE	es, brent a		)				.h/- )		
220 :	S. Franklin St.		82	Street Ac	dress (P.O. Box Nu	mber is Not Accepta	ible)		
TAMI	PA FL 33602		83	<del> </del> -					
			84	City			F۱	85 Zip	Code
				<u></u>					
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State (	and 607.1508, Florida Statutes f Florida, Such change was auf	i, the abov	/e-named co	rporation submits that ition's board of direct	ils statement for the ctors. I hereby accer	purpose o	intment as re	s registered ecistered
agent. I ar	m familiar with, and accept the obligat	ons of, Section 607.0505, Florid	la Statute	S.		,			
SIGNATURE									
	Signature, typed or printed nome of registered agen		egistered Age	ent signature req.	ired when reinstating		DATE		
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indicated on this annual report or supplied with this limit does not quality for the example of the same legal effect as if made under oath; that I am an officir or director of the corpy ration or the receiver or trystee 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 tike empowered.

SIGNATURE: \_

56/ 832 4050