

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-27-1999 90098 034 \*\*\*150.00

DOCUMENT # P98000049885

1. Corporation Name  
PSI #27, INC.

Principal Place of Business  
2000 N FLORIDA MANGO RD. STE 200  
WEST PALM BEACH FL 33409

Mailing Address  
2000 N FLORIDA MANGO RD. STE 200  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/01/1998

4. FEI Number  
65 0842569  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
215 Fifth St.  
Suite, Apt. #, etc.  
Suite 108.

2a. Mailing Address  
215 Fifth St.  
Suite, Apt. #, etc.  
Suite 108

23. City & State  
West Palm Beach, FL  
24. Zip  
33401  
25. Country  
USA

27. City & State  
West Palm Beach, FL  
28. Zip  
33401  
29. Country  
USA

9. Name and Address of Current Registered Agent

JONES, BRENT A  
220 S FRANKLIN STREET  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code  
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1.1	PD			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	HEATON, Lee W.			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	215 5th St. Suite 108			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	West Palm Beach, FL 33401			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	VP			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	HEATON, LINDA D.			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	215 5th St. Suite 108			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	West Palm Beach, FL 33401			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<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, with all other like empowered.

SIGNATURE:

LEE HEATON

4/11/99

Date

561 832 4050

Daytime Phone #

CR2E034 (1/98)