


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

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

04-27-1999 90098 037 \*\*\*150.00

0326949

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000056134</b> 1. Corporation Name <b>PSI#30, INC.</b>			
Principal Place of Business <b>2000 N. FLORIDA MANGO RD., STE. 200</b> <b>W. PALM BEACH FL 33409</b>		Mailing Address <b>2000 N. FLORIDA MANGO RD., STE. 200</b> <b>W. PALM BEACH FL 33409</b>	
2. Principal Place of Business 21 <b>215 FIFTH ST</b> Suite, Apt. #, etc. 22 <b>SUITE 108</b> City & State 23 <b>WEST PALM BEACH FL</b> Zip 24 <b>33401</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>215 FIFTH ST</b> Suite, Apt. #, etc. 27 <b>SUITE 108</b> City & State 28 <b>WEST PALM BEACH FL</b> Zip 29 <b>33401</b> Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>JONES, BRENT A</b> <b>220 S. FRANKLIN ST.</b> <b>TAMPA FL 33602</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>PD HEATON, LEE W.</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>215 5th ST, SUITE 108</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>PD HEATON, LINDA D.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>215 5th ST, SUITE 108</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LEE HEATON**

**4/16/99**

Date

**561 832 4050**

Daytime Phone #

CR2E034 (11/98)