## 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

## DOCUMENT # P98000071919

1. Corporation Name

PSI #39, INC.

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

04-27-1999 90098 046 \*\*\*150.00



| Principal Place of Business   | Mailing Address                   |                    |                            | ļ.  |  |            |
|---|-----------------------------------|--------------------|----------------------------|---|--|------------|
| 2000 N FLA MANGO ROAD STE 200   | 2000 N FLA MANGO RCIAD STE 200    |                    |                            |   |  |            |
| WEST PALM BEACH FL 33409  | WEST PALM BEACH FL 33409          |                    | DO NOT WRITE IN THIS SPACE |   |  |            |
|   |                                   |                    |                            | Date incorporated or Qualifed                               | IN THIS SPACE                          |            |
|   |                                   |                    |                            | 08/12/1998  |  |            |
| 0:::(8:::::   | a Mailing Address                 |                    |                            | 4. FEI Number   | Δε.                                    | olied For  |
| 2. Principal Place of Business  | 2a. Mailing Address               | n St               |                            | 65 6865277_   | <u> </u>                               | Applicable |
| 21 0 5 + 1+ th 5t.  | Suite, Apt. #, etc.               |                    |                            | 05,0005277  | \$8.75                                 | · · · -    |
| Suite, /\pt. #, etc.  | ⊢ <b>€</b> (.:!\a_\::>0           |                    |                            | 5. Certificate of Status Desired                            | Fee Re                                 |            |
| 22 SC/TC 100  | 27 001 10 108                     | City & State       |                            | a Flastica Compaign Financing                               | \$5.00                                 | <u>`</u>   |
| City & State Dolon Quach TI   | Harris Dalas Reach TI             |                    |                            | 6. Election Campaign Financing Trust Fund Contribution      | Added to                               | • 1        |
| 23 WEST TOIT FULL J.F.  | <u> </u>                          | Country            | 11                         |   |  | 7.000      |
| Zio Country   | 3340                              | יו אבי א           | _                          | This corporation owes the current<br>Personal Property Tax. |  | □No        |
| 24 35 COA   | 29 35401   30                     |                    | <u> </u>                   | 10. Name and Address of New Reg                             |  |            |
| 9. Name and Address of Curren   | t Registered Agent                | 81 N               | lame                       | TO. Mark and Market Services (198                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |
| JONES, BRENDA A   |                                   |                    |                            |   |  |            |
| 220 S FRANKLIN ST   |                                   | 82 S               | treet Addre                | ess (P.O. Box Number is Not Acceptable                      | e)                                     |            |
| TAMPA FL 33602  |                                   | 83                 |                            |   |  |            |
|   |                                   | 03                 |                            |   |  | }          |
|   |                                   | 84 C               | City                       |   | 85 Zip (                               | ode        |
|   |                                   |                    |                            |   | FL                                     |            |
| 11. Pursuant to the provisions of Sections 607.050? 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 obligation  | ions of, Section 607.0505, Forida | a Statutes.        | . corporation              | To board of all objects ( ), or all years years             |  |            |
| SIGNATURE   |                                   |                    |                            | _   |  |            |
| Signature, typed or printed name of registered ager   |                                   | gistered Agent sig | nature recuired            |   | DATE                                   |            |
| 12. OFFICERS AN   | O DIRECTORS                       | 13.                |                            | ADDITIONS/CHANGES TO OFFIC                                  |  |            |
| TITLE   | ☐ DELETE                          | 1.1 TITLE          | P                          | Promise   | ☐ Change                               | Addition   |
| NAME  |                                   | 1.2 NAME           | H                          | LEATON LEE SUIT   | 108                                    |            |
| STREET ADDRESS  |                                   | 1.3 STREET ADI     | DRESS                      | 215 5th 3th 3011  | 12 02/                                 | <u>ا</u> ا |
| CITY-ST-ZIP   |                                   | 1,4 CITY-ST-ZI     | P 1                        | West PAIN BEACH   | FL 3340                                | / i        |
| TITLE   | ☐ DELETE                          | 2.1 TITLE          | (                          | $\mathcal{U}$   | Change                                 | Addition   |
| NAME  |                                   | 2.2 NAME           | <i>f</i>                   | YEATON, LINN P  | 4. 100                                 | ļ          |
| STREET ADDRESS  |                                   | 2.3 STREET ADI     | DRESS                      | 215 5+4 St., DUI  | 12/08                                  |            |
| CITY-ST-ZIP   |                                   | 2. 4 CITY-ST-ZI    | IP                         | YEATON, LIND DI<br>VIS STAST. SUI<br>WEST PAIN BEACH,       | FL, 33401                              |            |
| TITLE   | ☐ DELETE                          | 3.1 TITLE          |                            |   | Change                                 | ☐ Addition |
| NAME  |                                   | 3.2 NAME           |                            |   |  |            |
| STREET ADDRESS  |                                   | 3.3 STREET ADI     | DRESS                      |   |  | }          |
| CITY-ST-ZIP   | i                                 | 34 CITY-ST-Zi      | iP )                       |   |  |            |
| TITLE   | ☐ DELETE                          | 4.1 TITLE          |                            |   | ☐ Change                               | ☐ Addition |
| NAME  |                                   | 4, 2 NAME          | ļ                          |   |  | 1          |
| STREET ADDRESS  |                                   | 4.3 STREET AD      | ORESS                      |   |  | 1          |
| CITY-ST-ZIP   |                                   | 4.4 CITY-ST-ZII    |                            |   |  |            |
| TITLE   | ☐ DELETE                          | 5.1 TITLE          | ·                          |   | Change                                 | Addition   |
| NAME  | _                                 | 5.2 NAME           |                            |   |  |            |
|   |                                   | 5 3 STREET AD      | DRESS                      |   |  |            |
| STREET ADDRESS  |                                   | 5.4 CITY-ST-ZII    | 1                          |   |  | }          |
| CITY-ST-ZIP   | DELETE                            | 6.1 TITLE          | ·                          |   | Change                                 | Addition   |
| TITLE   | - percie                          | 6.2 NAME           |                            |   |  | _          |
| NAME  |                                   | 6.3 STREET AD      | DRESS                      |   |  | )          |
| STREET ADDRE 3S   |                                   |                    |                            |   |  |            |
| CITY-ST-ZIP   |                                   | 64 CITY-ST-ZII     | <u></u>                    |   |  | /          |

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 recuired 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: \_