1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secr∈tary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000074909

1. Corporation Name

PSI #41, INC.

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

04-27-1999 90098 048 ***150.00



Principal Place	e of Business	Mailing Address					
2000 N. FLORIC WEST PALM 88	DA MANGO RDSTE.200 EACH FL 33401	2000 N. FLORIDA MANGO RDSTE.200 WEST PALM BEACH FL 33401		DO NOT WRITE IN T	HIS SPACE		
					3. Date ncorporated or Qualifed 08/21/1998		
2. Princip al Pl	lace of Business Fifth ST	2a. Mailing Address 26 215 Fif	th	St.	4. FEI Number 0865782	ļ+-	Applied For Not Applicable
Suite, /vpt.	#, etc. C 108	Suite, Apt. #, etc. 27 SUITE ICK	3		5. Certificate of Status Desired	•	5 Additional Required
City & State 23 WES	t Palm Brach, FI	City & State 28 WEST TO!	m E	each, F	6. Election Campaign Financing Trust Fund Contribution	,	00 May Be ed to Fees
Zip 24 334	101 25 L)SA	^{Zip} 33401	30 Cou	ntry 54	This corporation owes the current year Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent_	
				81 Name			1
220	es, brent a so. Franklin street			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
TAM	PA FL 33602			83			
				84 City	-	• L \ \	ip Code
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was a	uthorized	i by the corporat	poration subm ts this statement for the purposition's board of directors. I hereby accept the ap	of changing pointment as	its registered registered
SIGNATURE							
51010110112	Signature, typed or printed nome of registered agents		: Registered	Agent signature recuir			
12.	OFFICERS AND		13.	——т-	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
TITLE		☐ DELETE	1.1 ∏	ļ	ila stand (will) ():		je Papodoli
NAME			12 N		Heston LIND Dist	c 108	
STREET ADDRUSS	I.			REET ADDRESS	Jes Pitth Sty		das
CITY-ST-ZIP		☐ OELETE		TY-ST-ZIP	West PAIn Beach, P	Chan	ge Addition
TITLE		CT OFFEIF	2.1 ₹		VD		,c <u>22</u> 2.00.0011
NAME			2.2 N	i	HEATON, LEE W. 215 Fifth St. Suite West Palm Beach, F	108	
STREET ADDRI SS				REET ADDRESS	215 FIFTH SI	234	an i
CITY-ST-ZIP		C occurre	_	TY-ST-ZIP	West PAIM DEACH, F	Chan	ge Addition
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NAME			4.2 N	AME			
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CITY-ST-ZIP				TY-ST-ZIP			no Addition
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NAME			5.2 N	Y			
STREET ADDRESS			4	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TI	i		☐ Chan	ge 🗍 Addition
NAME			6.2 N				
STREET ADDRESS				REET ADDRESS			
CITY, ST. ZIP			6.4 C	TY-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 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.

MONATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 832 4050