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

**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P98000081275**1. Corporation Name

PSI #42, INC.

Original Disea of Business

Medina Address

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

04-27-1999 90098 049 \*\*\*150.00



Fillicipat Fisce C	n Dusiness	Widning Address					
2000 N. FLORIDA	MANGO ROAD	2000 N. FLORIDA MANGO RO	DAD				
SUITE 200					DO NOT WRITE IN THIS SPACE		
WEST PALM BEAT	BEACH FL 33401 WEST PALM BEACH FL 33401						
					3. Date incorporated or Qualifed		Į
					09/14/1998		
2. Principal Plac		2a. Mailing Address			4. FEI Number	Ap	plied For
21 215	FILERD ST	26 J-15 FIFTU ST			65 0868110	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22 SUITE 100 27 SUITE 101					5. Certificate of Status Desired	Fee Re	
	<u></u>	City & State			- F( ii B ii- Finanin	<b>\$5.00</b>	
			anna.	1 61.	6. Election Campaign Financing	<b>\$5.00</b> Added t	•
	<u></u>				Trust Fund Contribution		rees
Zip	Country	Zip	Count	ry N C - W	This corporation owes the current year		,,,,
24 334/0/	25 USA .	29 3340/		DA .	Personal Property Tax.		[]No
	9. Name and Add ess of Current	t Registered Agent			10. Name and Address of New Registere	d Agent	
			8	1 Name			
JONES, BRENT A				0 00	(D.O. Day Mumber in Not Assentable)		
2000 N. FLORIDA MANGO ROAD				2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE	200		8	3			
	PALM BEACH FL 33401		*	<b>~</b>			
111201	TALM DEACHTE 33401		8	4 City		. 85 Zip C	Code
			i	'	F		
11. Pursuant to	the provisions of Sections 607.0502	2 and 607.1508, Florida Statu es,	the abo	ve-named corp	oration submits this statement for the purpose	of changing its	registered
office or req	istered agent, or both, in the State of familiar with, and accept the obligat	ว Florida. Such change was สนป	iorized b	y the corporation	on's board of cirectors. I hereby accept the app	ointment as reg	gistered
agent. am	iamiliar with, and accept the obligat	in Section 607.0505, incide	a Statute	<b>53.</b>			
SIGNATURE		NOT: D		gent signature require	of when reinstating) DATE		
	gnature, typed or printed nai ie of registered agen		<u> </u>	jent signature require		VID DIBECTO	E S IN 12
12.	OFFICERS AN	C DIRECTORS	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE		☐ perete	1.1 TITLE	•	PD		P_Galasii
NAME			1.2 NAME	E	HEATON, LEEW. 215 Fifth St., Suite	. 100	
STREET ADDRESS			1.3 STRE	ET ADDRESS	215 174681,000	200	
CITY-ST-ZIP			1.4 CITY	-ST-ZIP	West PAIN BEACH, FL	. 33401	
TITLE		☐ DELETE	2.1 TITLE		1/0	Change	Addition
NAME			2.2 NAME	F	HEATON LINN D.		
					11047 J.C. 4 5017	. 108	
STREET ADORE IS				ET ADDRESS	West PAlm BEACH, F	22160	, /
CITY-ST-ZIP			2. 4 CITY	'-ST-ZIP	West PAIN OFACH, P	- 3370	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAM	E			j
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
		- betere					_
NAME			4. 2 NAM				
STREET ADDRE IS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	<b>.</b>		Change	☐ Addition
NAME			5.2 NAM	E			
STREET ADDRE IS			5.3 STRE	EET ADDRESS			
l			5.4 CITY				
CITY-ST-ZIP		□ SELETE	6.1 TITLE			Change	Addition
TITLE		☐ DELETE				Change	
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
01704 07 700			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 term 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: \_

SIGNATI REAND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR