PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90004 010 ***550.00

OCUMENT # P98000097656

NATIONAL PSYCHIC SERVICES, INC.

BOCA RATON FL 33433

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Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc				11/18/1998	11/					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Signature, to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Signature, typed or profied name of registered Agent ADDREOZZI, ANTHONY SR 6901 SW 18TH STREET SUITE E201 BOCA RATON FL 33433 B4 City FL 85 Zip Coordinate of Country is 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Sprature. Signature, typed or profied name of registered agent and title if applicable. OFFICERS AND DIRECTORS ANDREOZZI, ANTHONY SR 6901 SW 18TH STREET STE E201 1.3 STREET ADDRESS 6901 SW 18TH STREET STE E201 1.3 STREET ADDRESS 6901 SW 18TH STREET STE E201 1.3 STREET ADDRESS 6901 SW 18TH STREET STE E201 1.3 STREET ADDRESS 6901 SW 18TH STREET STE E201 1.3 STREET ADDRESS 6901 SW 18TH STREET STE E201 1.3 STREET ADDRESS 6901 SW 18TH STREET STE E201 1.4 STATES 1.4 CITY-ST-ZIP Country S. Certificate of Status Desired Capture and title of supplicable. Country S. Certificate of Status Desired Capture and state of Status Desired Capture required when reinstating) DATE Change	ed For	Applied		4. FEI Number	4. FEI			. Mailing Address	lace of Business 2	Principal Pl
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f-ST-ZIP 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.

6.4 CITY-ST-ZIP

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