

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

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90004 010 ***550.00

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Corporation Name
NATIONAL PSYCHIC SERVICES, INC.



Principal Place of Business
1 SW 18TH STREET
STE E201
BOCA RATON FL 33433

Mailing Address
6901 SW 18TH STREET
SUITE E201
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/18/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0878393
City & State	City & State	Applied For Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ANDREOZZI, ANTHONY SR
6901 SW 18TH STREET
SUITE E201
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	D ANDREOZZI, ANTHONY SR 6901 SW 18TH STREET STE E201 BOCA RATON FL 33433	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		1.2 NAME	
1EET ADDRESS		1.3 STREET ADDRESS	
1E-ST-ZIP		1.4 CITY-ST-ZIP	
E	D ANDREOZZI, JEFFREY R 6901 SW 18TH STREET STE E201 BOCA RATON FL 33433	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		2.2 NAME	
1EET ADDRESS		2.3 STREET ADDRESS	
1E-ST-ZIP		2.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		3.2 NAME	
1EET ADDRESS		3.3 STREET ADDRESS	
1E-ST-ZIP		3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		4.2 NAME	
1EET ADDRESS		4.3 STREET ADDRESS	
1E-ST-ZIP		4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		5.2 NAME	
1EET ADDRESS		5.3 STREET ADDRESS	
1E-ST-ZIP		5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1E		6.2 NAME	
1EET ADDRESS		6.3 STREET ADDRESS	
1E-ST-ZIP		6.4 CITY-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.

SIGNATURE: *Anthony Sr Andreozzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/99
Date

(561) 347-9991
Daytime Phone #

CR2E034 (11/98)