


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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90030 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S46660**

1. Corporation Name  
**PSC, INC.**



Principal Place of Business <del>1640 SANDPIPER STREET</del> <b>125 ALAMEDA DRIVE</b> MERRITT ISLAND FL 32952	Mailing Address <del>1640 SANDPIPER STREET</del> <b>125 ALAMEDA DRIVE</b> MERRITT ISLAND FL 32952
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	125 Alameda Drive	26	125 Alameda Drive	04/18/1991		59-3127198		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75		Additional Fee Required	
22		27		<input type="checkbox"/>		5.00		May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00		May Be Added to Fees	
23		28		<input type="checkbox"/>		5.00		May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
24		29		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MITCHELL, BRUCE A. REINMAN, HARRELL, GRAHAM, MITCHELL & WATTW 1825 S RIVERVIEW DRIVE MELBOURNE FL 32901				81	Name			VICTOR S. KOSTRO
				82	Street Address (P.O. Box Number is Not Acceptable)			1825 Riverview Drive
				83				
				84	City		Melbourne	85

11. 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: *Victor S. Kostro* DATE: 04/20/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTS	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADOFF, HERBERT S.			1.2 NAME			
STREET ADDRESS	<del>1640 SANDPIPER STREET</del>			1.3 STREET ADDRESS	125 ALAMEDA DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL			1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADOFF, LEVERA M			2.2 NAME			
STREET ADDRESS	<del>1640 SANDPIPER ST</del>			2.3 STREET ADDRESS	125 ALAMEDA DRIVE		
CITY-ST-ZIP	MERRITT ISLAND FL 32952			2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: *Herbert S. Madoff* **REQUIRED** DATE: 20 APRIL 1999 DAYTIME PHONE #: (407) 984-5645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120171

CD 0034 11108