FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # S72298 (0)

1. Corporation Name

PT MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
18433 HERITAGE DR TEQUESTA FL 33469 US	18433 SE HERITAGE DR TEQUESTA FL 33469 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3088451 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DAY, ROBERT C.
18433 SE HERITAGE DRIVE
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAY, ROBERT C
STREET ADDR	18433 SE HERITAGE DR
CITY-ST-ZIP	TEQUESTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition — TITLE / NAME / STREET ADDR / CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption ... I further certify that the information indicated on this 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.

SIGNATURE: R. C. Day (ROBERT C. DAY, PRES.) 5/16/95 407-575-7138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0273242 CP