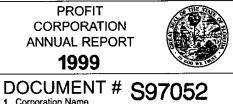
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90068 015 ***150.00

PSI DES	IGNS, INC.						
		NA-16 Address			_	01411 11411 11411	
Principal Place of Business Mailing Address							
707 SPINNAKERS RCH 707 SPINNAKERS REACH PONTE VEDRA FL 32082 PONTE VEDRA FL 32082							
PONTE VEDRA FL 32082 PONTE VEDRA FL 32082 US US					DO NOT WRITE IN TH	IS SPACE	
		•••			3. Date Incorporated or Qualifed		
					11/20/1991		
2. Principal P	Principal Place of Business 2a, Mailing Address				4. FEI Number	Ap	pplied For
21 26					59-3097157		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 27 -				-	o, springer of the service of the se		equired-
City & State	City & State City & State				6. Election Campaign Financing	\$5.00	- 1
23	28				Trust Fund Contribution		to Fees
Zip				ry	8. This corporation owes the current year !		Пи.
24	25	29 30	L,		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	-	al 11	10. Name and Address of New Registere	a Agent	
) AVE A	VICD CANDDA		0	1 Name			}
WEAVER, SANDRA			8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
707 SPINNAKERS RCH			·				
PUN	TE VEDRA FL 32082		8	3			
			8	4 City		. 85 Zip (Code
				-	F	_ , ,	
11. Pursuant	to the provisions of Sections 607.0502	! and 607.1508, Florida Statutes, it	the abo	ve-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its ointment as re	gistered
agent. i a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statute	es.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
SIGNATURE							
3.3	Signature, typed or printed name of registered agen			gent signature required		AND DIDEOT	DDC IN 42
12.	OFFICERS AN	D DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P	□ DECE IS	1.1 TITLE			[] Onlango	٠, ١٥٥،١٥٥،١
NAME	WEAVER, SANDRA		1.2 NAM]
STREET ADDRESS	ELIADDICES TOT OF WITH MEDICAL			ETADORESS			
CITY-ST-ZIP	PONTE VERRA BEACH FL 3208		1.4 CITY			Change	Addition
TITLE			2.1 TITLE			□ ¢iialige	L Addition
NAME:	221		2.2 NAM				
STREET ADDRESS				ETADORESS			
CITY-ST-ZIP			2. 4 CITY			Change	Addition
TITLE		☐ DELETE	3.1 TITLE				
NAME	•		3.2 NAM	Ē			
STREET ADDRESS			3.3 STRE	EET ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY				☐ Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	<u>.</u>		4. 2 NAW	BE			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				T A LEE.
TITLE		☐ DELETE	5.1 TITLE	I		Change	Addition
NAME			5.2 NAM				ļ
STREET ADDRESS			5.3 STRI	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY				Pres
TITLE		☐ DELETE	6.1 TITU			☐ Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRI	EET ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

904-273-4251