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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # SQ7143



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90036 040 ***150.00

1. Corporation	n Name	1				
P.S.A., II	NC.					
(1 (48)(410 (410 (410) (40)4) (13)(4)(400 20) (Ali bibii bibii bibii bibii bi	(A)
Principal Place	e of Business	Mailing Address	, , , , , , , , , , , , , , , , , , ,	t (BB(ibin iis (Brit (BBB) iisti bisen iiti b	mit Medit Midit medit mi	'Bit Biart tabt
1600 GULF BLVD. 1600 GULF BLVD.						
PENTHOUSE 1 PENTHOUSE 1						
CLEARWATER FL 33767 CLEARWATER FL 33767			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 12/02/1991		
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Apr	plied For
<u> </u>	lace of business	26		59-3095726	⊢	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	
22		27		5. Certifcate of Status Desired	Fee Rec	quired
City & Stat	8	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25		30	Personal Property Tax. 10. Name and Address of New Registe		□No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registe	red Agent	
EKO	NOMIDES, NICKOLAS C					
201 N. FRANKLIN STREET		82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUIT	E 2350		83			
TAM	PA FL 33602					
		84 City	ı	FL 85 Zip C	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpos	e of changing its i	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	ithorized by the corporation	n's board of directors. I hereby accept the a	opointment as reg	jistered
·	in termial with and accept the obliga	10/13 01, Ocollori doi .0000, 1 loi	ida dilitation.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature required			
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	ANASTASOPOULOS, ELIAS		1.2 NAME			
STREET ADDRESS	1600 GULF BLVD., PH-1		1.3 STREET ADDRESS			
CITY-ST-ZiP	CLEARWATER FL 33767	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	VPD	□ betere	2.1 MAME		[_] Orango	
NAME	SIOUTIS, BILL 483 Mandalay ave		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS	CLEARWATER FL 33767		2.4 CITY-ST-ZIP			-
CITY-ST-ZIP	SD	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	PSALTIS, JOHN		3.2 NAME			
STREET ADDRESS	483 MANDALAY AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33767		3.4, CITY-ST-ZIP	_		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		□ SELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	☐ Addition
TITLE		☐ DELETE			□ cuange	C: varinou
NAME	~:		6.2 NAME 6.3 STREET ADDRESS			
STREET ADDRESS			U.J STREET AUDRESS			

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.

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CR2E034 (11/98)