

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kendra B. Northrup
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

95 MAY - 1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V09939** (2)

PAYROLL MANAGEMENT SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Telephone: _____ Mailed Address:
3536 ENTERPRISE RD. E P O BOX 238
SAFETY HARBOR FL 34695 OLDSMAR FL 34677

2. Principal Office Telephone: **21** _____ 2a. Mailed Address: **26** _____
 Sub Office Telephone: _____ Date App # etc: **27** _____
 City & State: _____ City & State: **28** _____
 Zip: **24** _____ County: **30** _____

3. Date Incorporated or Qualified: **01/29/1992** 3a. Date of Last Report: **05/01/1994**
 4. FEI Number: **59-3102180** 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**
 7. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DELUCA, LAWRENCE M.
3536 ENTERPRISE RD. E.
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent
 B1 Name: _____
 B2 Street Address (P.O. Box Number is Not Acceptable): _____
 B3 _____
 B4 City: _____ **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.04(1), (2), and 607.0504, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: *Lawrence M. DeLuca* (Signature of Registered Agent or Registered Agent) _____ (Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP NAME: DELUCA, LAWRENCE M. STREET ADDRESS: 3536 ENTERPRISE RD. E CITY, STATE, ZIP: SAFETY HARBOR FL		1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DVST NAME: DELUCA, JULIE J STREET ADDRESS: 3536 ENTERPRISE RD. E. CITY, STATE, ZIP: SAFETY HARBOR FL		2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____		3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____		4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____		5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY, STATE, ZIP: _____		6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY, STATE, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information reported with this filing is complete, correct and 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Julie J. DeLuca* 4/25/95 813-791-6554
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR