

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V11510 (7)
1. Corporation Name
PBS OF CENTRAL FLORIDA, INC.



Principal Place of Business %PAYCHEX, INC. 811 PANORAMA TRAIL SOUTH ROCHESTER NY 14625 US	Mailing Address %PAYCHEX, INC. 811 PANORAMA TRAIL SOUTH ROCHESTER NY 14625-2311 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 % PAYCHEX INC. 27 Suite, Apt. #, etc. 28 10105 9th St. North 29 City & State 30 ST. PETERSBURG FL 31 Zip 32 33716 33 Country 34 US	3. Date Incorporated or Qualified 01/30/1992 3a. Date of Last Report 05/01/1996 4. FEI Number 59-3101031 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 ☐ No
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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

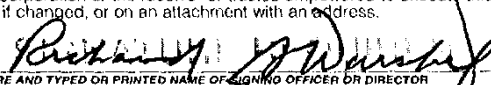
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	P
NAME	LASHER, STUART G.	1.2 NAME	LASHER, STUART G.
STREET ADDRESS	128 CHESAPEAKE AVENUE	1.3 STREET ADDRESS	4431 NEW PROVIDENCE AVE.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL 33629
TITLE	P	2.1 TITLE	V
NAME	ESRICK, STEVEN M.	2.2 NAME	WARSHOF, RICHARD S.
STREET ADDRESS	50 DOLPHIN DRIVE	2.3 STREET ADDRESS	28 BROOKSHIRE LANE
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP	PEN AELD, NY 14526
TITLE	CFO	3.1 TITLE	SIT
NAME	HILL, CRAIG	3.2 NAME	MORPHY, JOHN
STREET ADDRESS	13577 FEATHER SOUND DR	3.3 STREET ADDRESS	51 VINEYARD HILL
CITY-ST-ZIP	ST. PETERSBURG FL 33716	3.4 CITY-ST-ZIP	FAIRPORT, NY 14450
TITLE	CFO	4.1 TITLE	
NAME	HILL, CRAIG	4.2 NAME	
STREET ADDRESS	10105 9TH STREET NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	HASARA, GARRY	5.2 NAME	
STREET ADDRESS	10105 9TH STREET NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  4/29/97 813-579-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)