MICHAEL D. HORLICK

ATTORNEY and COUNSELOR AT LAW

1314 E. VENICE AVENUE - SUITE D VENICE FLORIDA 34292

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July 18, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: P.J.S.M. Enterprises, Inc.

Dear Sir or Madam:

*****35.00

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations along with a check in the amount of \$35.00 to cover the filing costs.

If you have any questions concerning the enclosures, please do not hesitate to give me a call.

Sincerely,

Michael D. Horlick

MDH/rai

Enclosures

cc: Mr. James W. Macdonald

L.PJSM.wpd

RA address Chg.
10/4/00
KR

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.050.	2, 607.1508, or 617.1508, Florida Statutes,
the undersigned submits the follo	corporation organized under the laws of the common contract of the common contract in order to change its regions.	stered office or registered agent, or both, in
the State of Flor	ida.	and The
1. The name of t	he corporation is: P.J.S.M. Enterpri	ses, inc.
2. The mailing a	ddress of the corporation is: 420 St. Ar	mand's Circle, Sarasota, Florida 34236
3. Date of incor	poration/qualification: 7/6/92	Document number: V49838
4. The name and	I address of the current registered agent and	office:
	Michael D. Horlick	01/05
-	227 Pensacola Road	
	Venice, Florida 34285	
5. The name and	address of the new registered agent and or	ffice: (P. O. Box Not Acceptable)
_	Michael D. Horlick	
_	1314 East Venice Avenue,	Suite D
	Venice, Florida 34292	
The street addreagent, as change	ess of its registered office and the street aced, will be identical.	dress of the business office of its registered
Such change was authorized by	as authorized by resolution duly adopted b	y its board of directors or by an officer so
(X) The	ins little	6/19/00 (Date)
(Signature	of an officer, chairman or vice chairman of the board)	(Date)
	W. Macdonald, Director (Printed or typed name and title)	
corporation, 11	' my aunes, ana 1 am jaminar wiin ana ac	es relative to the proper and complete
	Charlie K	6/19/00
(X) / (S	Signature of Registered Agent)	(Date)
If signing on beha	lf of an entity:	
	Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *		

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