

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V58122 (5)**
1. Corporation Name
PEOPLE'S SERVICE CENTER, INC.



Principal Place of Business Mailing Address
**107 W. MAIN ST.
IMMOKALEE FL 33934
US** **107 W. MAIN ST.
IMMOKALEE FL 33934
US**

3. Date Incorporated or Qualified **08/13/1992** 3a. Date of Last Report **05/19/1995**
4. FEI Number **65-0372117** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**CHANCY, COLETTE H.
14832 SW 43 TER
MIAMI FL 33185**

10. Name and Address of New Registered Agent
81. Name **Colette Hall**
82. Street Address (P.O. Box Number is Not Acceptable)
83. **16504 Bridge End Road**
84. City **Miami Lakes** FL 85. Zip Code **33014**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LAGUERRE, VANIA	
STREET ADDRESS	8103 LAKE POINTE DR., BLDG. 13	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HALL, COLETTE	
STREET ADDRESS	8103 LAKE POINTE DR., BLDG. 13	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Laguerre, Vania	
13 STREET ADDRESS	E 1421 Celesta Ave	
14 CITY-ST-ZIP	Spokane, WA 99202	
21 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hall, Colette	
23 STREET ADDRESS	16504 Bridge End Road	
24 CITY-ST-ZIP	Miami Lakes, FL 33014	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement-if 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: *Colette Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Colette Hall, Vice-President

4/20/96

CR2E034 (12/95)