

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 APR 28 PM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 760111 (5)**  
1. Corporation Name  
**THE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2115 PALM BAY RD. NE, SUITE #4E  
PALM BAY FL 32905-7236** **2115 PALM BAY RD. NE, SUITE #4E  
PALM BAY FL 32905-7236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1981** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2176671** Applied For  
Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MORRIS, JAMES, T  
2115 PALM BAY BLVD., NE, SUITE #4E  
PALM BAY FL 32905**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>MORRIS, JAMES, T</b>
STREET ADDRESS	<b>2115 PALM BAY ROAD, NE</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>
TITLE	<b>TD</b>
NAME	<b>MESSITT, LAURIE V.</b>
STREET ADDRESS	<b>2115 PALM BAY ROAD, NE</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>
TITLE	<b>D</b>
NAME	<b>MORRIS, SUSIE</b>
STREET ADDRESS	<b>2115 PALM BAY ROAD, NE</b>
CITY - ST - ZIP	<b>PALM BAY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 10.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James T. Morris **JAMES T. MORRIS** **4/20/95** **407-727-8045**  
Signature and typed or printed name of signing officer or director. (Date) (Telephone Number)