

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760111** (5)
1. Corporation Name
THE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business 2115 PALM BAY RD., NE, SUITE #4E PALM BAY FL 32905-7236	Mailing Address 2115 PALM BAY RD., NE, SUITE #4E PALM BAY FL 32905-2936
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3. Date Incorporated or Qualified 09/21/1981		3a. Date of Last Report 02/08/1996	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
4. FEI Number 59-2176671		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			

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 617.0502 and 617.1508, 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 617.0503, 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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JAMES, T	1.2 NAME	
STREET ADDRESS	2115 PALM BAY ROAD, NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	1.4 CITY - ST - ZIP	
TITLE	TD ☒ DELETE	2.1 TITLE	TD ☒ Change ☐ Addition
NAME	MARTIN, LAURIE V	2.2 NAME	Roth, Diane
STREET ADDRESS	2115 PALM BAY ROAD, NE	2.3 STREET ADDRESS	2115 Palm Bay Road, NE
CITY - ST - ZIP	PALM BAY FL	2.4 CITY - ST - ZIP	Palm Bay FL
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, SUSIE	3.2 NAME	
STREET ADDRESS	2115 PALM BAY ROAD, NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 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 Morris* **REQUIRED** 4/28/97 **407-727-8045**
Date Daytime Phone # 0018778

CR2E037 (9/96)