

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

FILED
May 06 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # K19562 (3)
 1. Corporation Name
PRO-MAIN OFFICE CARE, INC.



| | |
|--|---|
| Principal Place of Business 5260 COUNTERPLAY ROAD PALM BEACH GARDENS FL 33418 | Mailing Address 5260 COUNTERPLAY ROAD PALM BEACH GARDENS FL 33418-7810 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/25/1988 | 3a. Date of Last Report 09/06/1996 |
|--|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
|---|----------------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0182080 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
|----------------------------------|----------------------------------|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---------------------------|---------------------------|
| City & State 23 | City & State 28 |
|---------------------------|---------------------------|

| | |
|--|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| | | | |
|------------------|----------------------|------------------|----------------------|
| Zip 24 | Country 25 | Zip 29 | Country 30 |
|------------------|----------------------|------------------|----------------------|

| | |
|--|--|
| B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--|

9. Name and Address of Current Registered Agent

**GALBRAITH, FRANCIS A
 5260 COUNTERPLAY ROAD
 PALM BEACH GARDENS FL 33418**

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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALBRAITH, BETTYE N | 1.2 NAME | |
| STREET ADDRESS | 5260 COUNTERPLAY ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALBRAITH, FRANCIS N | 2.2 NAME | |
| STREET ADDRESS | 5260 COUNTERPLAY ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. Galbraith* Sec. Treas. *F.A. Galbraith* 4/14/96 5618442344
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)