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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000009611 (4)

PROFESSIONAL SERVICE ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

25

1842 W. FAIRBANKS AVE.

WINTER PARK FL 32789

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #. etc.

26

28

29

1842 W FAIRBANKS AVE WINTER PARK FL 32789

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

CITY-ST-ZIP

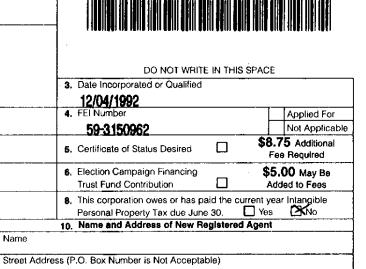
ego Y

Principal Place of Business

RALEY, SARA S

1842 W FAIRBANKS AVE WINTER PARK FL 32789

## **FILED** May 01 1998 8:00am Secretary of State



Zio Code

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registerno agent and title if applicable (NOT). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 11 TITLE Change TITLE NAME STARKS, MICHAEL 1.2 NAME 1842 W FAIRBANKS AVE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIF 1.4 CITY - ST - ZIP Addition DELETE ☐ Change 21 TITLE TITLE NAME RALEY, SARA 2.2 NAME 1842 W FAIRBANKS AVE 2 3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. I 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 supplicmental 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, dy in an attachmost with an address.

Country

81 Name

82

83 R4 City

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

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