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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 447419

(3)

Corporation Name

4601 CENTRAL AVE

ST PETERSBURG FL 33713

PROFESSIONAL ADJUSTMENT CORP.

Principal Place of Business	Mailing Address	

ST PETERSBURG FL 33713

4601 CENTRAL AVE

								3.	Date Incorporated or Qualif- 03/11/1974	ed :	3a. Date 03/	of Last <b>02/1</b>	
2	Principal Place of Busin	ess	2a. 26	Mailing Address				4.	FEI Number 59-1529224			F	Applied For Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	(		· · ·	<b>75</b> Additional se Required
23	City & State		28	City & State	-,			1	Election Campaign Financin Trust Fund Contribution	9 [			.00 May Be Ided to Fees
24	Zip	Country 25	29	Zip	Co <b>30</b>	untry		1	This corporation has liability Florida Statutes	for inta Yes [	~	k under	rs 199.032,
	g, Name	and Address of Cu	rrent Regis	tered Agent		7		10.	Name and Address of Ne	w Reg	istered A	gent	
	0415-05-501 F014	Maj (				81	Name						
SILVERSTEIN, EDWIN L 4601 CENTRAL AVE				82	Street Address (P.O. Box Number is Not Acceptable)								
ST PETERSBURG FL 33713				83									
						84	City				FI	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.

Tarrilliar with, and accept the obligations of Section 657.0565, Florida State
L SIGNATURE

SIGNATURE						
12.	OFFICERS AND D	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1. 1 TITLE	☐ Change ☐ Addit-on		
NAME	SILVERSTEIN, EDWIN L		1.2 NAME			
STREET ADDRESS	4601 CENTRAL AVE		1.3 SBREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY - SF - ZIP			
TITLE	PT	DELETE	2. 1 TITLE	Change Addition		
NAME	SILVERSTEIN, EDWIN L		2 2 NAME			
STREET ADDRESS	4601 CENTRAL AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 City-St-ZiP			
TITLE	S	☐ DELETE	3 1 TIFLE	☐ Change ☐ Addition		
NAME	silverstein, eileen b		3.2 NAME			
STREET ADDRESS	4601 CENTRAL AVE		3.3 STREET ADDRESS			
CHTY-ST-ZIP	ST PETERSBURG FL	·	3 4 CITY - ST - ZIP			
TITLE		□ DELETE	4 1 THILE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4.CITY - ST - Z-P			
TITLE		DELETE	5 1 TI*LE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP			
TITLE		DELETE	8 1 THTLE	Change Addition		
NAMÉ			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. 1do 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 supplientental 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 enipowered 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 order all accurate.

SIGNATURE:

STATUTE AND TIPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-18-96 (80) 321 3251

R2E034 (12/95)