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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 519295

(0)

## **FILED** Mar 26 1997 8:00am Secretary of State

PROFESSIONAL DESIGN, INC.  Principal Place of Business. Mailing Address  6738 GRIFFIN BLVD.  FT. MYERS FL 33908  FT. MYERS FL 33908-2009										
						3. Date Incorporated or Qualified		e of Last F	Report	]
						11/24/1976	04/1	8/1996		
2. Principal Flace of Business 21 Suite, Apt. #, co		2a. Mailing Address				4. FEI Number 59-1713347			pplied For	-
		Suite, Apt #, etc						Not Applicable  8.75 Additional		
22	gri a, co	27				5. Certificate of Status Desired			Required	
Orty & 9	State:	City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution			to Fees	
, Zip	Country	Zφ	<b></b>	intry		8. This corporation has liability for			s. 199.032,	
24	25 9. Name and Address of C	29	30	т.		Ftorida Statutes  10. Name and Address of New Re	Yes [			
w	INROW, DORA D.	unem negistorea Agent		81	Name	to, Haille and Addiese of New He	Alexanda v	. World		1
	738 GRIFFIN DRIVE				5					4
	T. MYERS FL 33901			82	Street Add	ress (P.O. Box Number is Not Acceptab	NE)			
•				83						1
				84	City			<b>85</b> Zip	Code	-
							FL	1 1 '		
office agent SIGNATUR						poration submits this statement for the p tion's board of directors. I hereby accep ared when recestating)	ot the appo	ointment as	s registered	
12.		SIAND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND			96/6/
TillE	PD	☐ DELETE	1 1 TITLE 1 2 NAME					Change	Addition	g
NAME	WINROW, DORA D.									R2F034
STREET ADDRE	6738 GRIFFIN DRIVE FT. MYERS FL				ADDRESS					Į,
_CFY_ST-ZTT Table	STV	DELETE	DELETE 21TI		I - ZIP			Change	Addition	
NAME	WINROW, THOMAS		B B	2 2 NAME						
STREET ACIDIPE	ATAN ODJECKI DOUG		235	TREET	ADORESS					
CBY \$1-7F	FT. MYERS FL		2 4 CITY		T-ZIP					
-11F4	D	☐ DELETE	DELETE 3170					Change	Addition	1
NAME	WINROW, THOMAS		3.2 N	AME						
SHIFT ADDR	,				ADDRESS					
CITY SL Zer	FT. MYERS FL	DELETE		IIY-S	T-ZIF			Change	Addition	
TITLE NAME	MERRICK, CHERYL	ניין טנגנונ	4.1 Ti 4. 2 I					L Change		
STREET ADDRE	ALLA MI OLIVIARE ALE				ADDRESS					
CdY-SLZIP	APPLETON WI			HY-S						
'Htt		DELETE	5.1 1				*	Change	Addition	1
$V_{DD}$			5.2 N	AME						
SHEET ASCA	No.		5.3 \$	TREET	address					
City-St_7th				ITY-S	1-ZIP					
TOLF		DELETE	6.1 1					Change	Addition	
K/M <sup>2</sup>			6.2 N							
STREET ADERS	NA				ADDRESS					
CHY-ST ZIP	i .		■ 6.4 C	1"Y-\$	1 · ZIP					1

14. I do hereby certify trial 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 suppliemental annual apport is true and accurate and that my signature shall have the same legal effect as if made under oath; that Larn an office or or arcitor of the copyration of 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:

DOWN D. WILLIAM DORA D. WINROW 360/97 941-481-7750
UNIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR