

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **609972** (5)

1. Corporation Name

PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.



Principal Place of Business

Mailing Address

16204 NORTH FLORIDA AVENUE
LUTZ FL 33549

16204 NORTH FLORIDA AVENUE
LUTZ FL 33549

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

02/08/1979

3a. Date of Last Report

04/11/1995

4. FEI Number

59-1913294

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

10. Name and Address of New Registered Agent

SMITH, R BOB, III
17408 GUNN HWY.
ODESSA, FL
33556

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 607.0602 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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, R BOB, III	
STREET ADDRESS	17408 GUNN HWY	
CITY-ST-ZIP	ODESSA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, CATHERINE R	
STREET ADDRESS	17408 GUNN HWY	
CITY-ST-ZIP	ODESSA, FL 00000	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SMITH, CATHERINE R	
STREET ADDRESS	17408 GUNN HWY	
CITY-ST-ZIP	ODESSA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEMINOFF, SERJE G.	
STREET ADDRESS	16204 N. FLORIDA AVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	Vice President/Chief Financial Officer	<input type="checkbox"/> DELETE
NAME	Director	
STREET ADDRESS	Kay M. Cunningham	
CITY-ST-ZIP	16204 N. Florida Ave.	
TITLE	Lutz, FL 33549	<input type="checkbox"/> DELETE

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do 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 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: *Kay M. Cunningham* Kay M. Cunningham 2/26/96 813-968-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)