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**Mar 25 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 # 609972 (5)
1. Corporation Name
PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.



Principal Place of Business: **16204 NORTH FLORIDA AVENUE LUTZ FL 33549**
Mailing Address: **16204 NORTH FLORIDA AVENUE LUTZ FL 33549-8119**

3. Date Incorporated or Qualified: **02/08/1979**
3a. Date of Last Report: **03/05/1996**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kay M. Cunningham	
1.3 STREET ADDRESS	16204 N. Florida Ave.	
1.4 CITY - ST - ZIP	Lutz, FL 33549	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary Jackson	
2.3 STREET ADDRESS	16204 N. Florida Ave.	
2.4 CITY - ST - ZIP	Lutz, FL 33549	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Kay M. Cunningham *Kay Cunningham* March 19, 1997 813-968-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)