



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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Capital Building  
Tallahassee, Florida 32399-0001  
Telephone: 904-486-2100

APPROVED  
AND  
FILED

7/11/18

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 659580 (5)

PROFESSIONALLY YOURS REALTY, INC.

Principal Place of Business  
2400 N.E. 197 STREET  
NO. MIAMI BEACH FL 33180

Principal Place of Business  
2400 N.E. 197 STREET  
NO. MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

|                                |  |                                          |  |                                                                                         |  |
|--------------------------------|--|------------------------------------------|--|-----------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 3a. Date of Corporation or Qualification |  | 3b. Date of Last Report                                                                 |  |
| 21 2400 N.E. 197 St.           |  | 03/17/1980                               |  | 01/24/1994                                                                              |  |
| 22 Suite Apt. # etc.           |  | 4. FID Number                            |  | Applied For                                                                             |  |
| 23 No Miami Beach, Fla.        |  | 59-1985704                               |  | Not Applicable                                                                          |  |
| 24 33180                       |  | 5. Certificate of Status Desired         |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  |
| 25                             |  | 26                                       |  | 27                                                                                      |  |
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9. Name and Address of Current Registered Agent

SOMMER, WAYNE E  
19620 N.E. 28TH AVE.  
NO. MIAMI BEACH FL 33180

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 607.08(1) 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 607.08(1) Florida Statutes.

SIGNATURE

Wayne C. Sommer ESQUIRE 4-17-95

12. OFFICERS AND DIRECTORS

|                      |                         |
|----------------------|-------------------------|
| 12.1 NAME            | P STARR, DOROTHY        |
| 12.2 STREET ADDRESS  | 2400 NE 197TH ST        |
| 12.3 CITY, ST, ZIP   | N MIAMI BEACH, FL 00000 |
| 12.4 NAME            | V BURI, ALIANA          |
| 12.5 STREET ADDRESS  | 2400 NE 197TH ST        |
| 12.6 CITY, ST, ZIP   | N MIAMI BEACH, FL 00000 |
| 12.7 NAME            | S COHEN, HEATHER        |
| 12.8 STREET ADDRESS  | 2400 NE 197TH ST        |
| 12.9 CITY, ST, ZIP   | N MIAMI BEACH FL        |
| 12.10 NAME           | T ZINN, MARTINE         |
| 12.11 STREET ADDRESS | 5820 LEITNER DR. E.     |
| 12.12 CITY, ST, ZIP  | CORAL SPRINGS FL        |
| 12.13 NAME           |                         |
| 12.14 STREET ADDRESS |                         |
| 12.15 CITY, ST, ZIP  |                         |
| 12.16 NAME           |                         |
| 12.17 STREET ADDRESS |                         |
| 12.18 CITY, ST, ZIP  |                         |
| 12.19 NAME           |                         |
| 12.20 STREET ADDRESS |                         |
| 12.21 CITY, ST, ZIP  |                         |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |        |          |
|----------------------|--------|----------|
| 13.1 NAME            | Change | Addition |
| 13.2 STREET ADDRESS  |        |          |
| 13.3 CITY, ST, ZIP   |        |          |
| 13.4 NAME            | Change | Addition |
| 13.5 STREET ADDRESS  |        |          |
| 13.6 CITY, ST, ZIP   |        |          |
| 13.7 NAME            | Change | Addition |
| 13.8 STREET ADDRESS  |        |          |
| 13.9 CITY, ST, ZIP   |        |          |
| 13.10 NAME           | Change | Addition |
| 13.11 STREET ADDRESS |        |          |
| 13.12 CITY, ST, ZIP  |        |          |
| 13.13 NAME           | Change | Addition |
| 13.14 STREET ADDRESS |        |          |
| 13.15 CITY, ST, ZIP  |        |          |
| 13.16 NAME           | Change | Addition |
| 13.17 STREET ADDRESS |        |          |
| 13.18 CITY, ST, ZIP  |        |          |

14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 610.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12.1 of this report or on an attached sheet with my address.

SIGNATURE: Dorothy Starr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

305-931-6996