SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F95000000584 (1)

1. Corporation Name

PROFESSIONAL PROGRAM SOURCE, INC.

Principal Place of Business
503 S. GREENWOOD AVENUE
CLEARWATER FL 34616

Mailing Address
503 S. GREENWOOD AVENUE
CLEARWATER FL 34616

3. Date Incorporated or Qualified: **02/03/1995**
3a. Date of Last Report:
4. FEI Number: **25-1577326** ☐ 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 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	VC	☐ DELETE
NAME	ORTENZIO, ROBERT A	
STREET ADDRESS	600 WILSON LANE / PO BOX 715	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	PT	☑ DELETE
NAME	EGAN, JOHN F	
STREET ADDRESS	503 S. GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	V	☐ DELETE
NAME	LAVORE, JOSEPH	
STREET ADDRESS	503 S. GREENWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	V	☑ DELETE
NAME	LEHMAN, DENNIS L	
STREET ADDRESS	600 WILSON LANE / P.O. BOX 715	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	V	☑ DELETE
NAME	NATION, DAVID G	
STREET ADDRESS	600 WILSON LANE / P.O. BOX 715	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VAS	☐ DELETE
NAME	WELSH, DEBORAH M	
STREET ADDRESS	600 WILSON LANE / P.O. BOX 715	
CITY-ST-ZIP	MECHANICSBURG PA 17055	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VT	☐ Change ☑ Addition
2.2 NAME	ERNEST A. SCHOFIELD	
2.3 STREET ADDRESS	6001 INDIAN SCHOOL RD NE	
2.4 CITY-ST-ZIP	ALBUQUERQUE, NM 87110	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes, and that my name appears in Block 12 or Block ~~13 if~~ changed, or on an attachment with an address.

SIGNATURE: [signature] 7/25/96 5058786100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Ernest A. Schofield   Date   Daytime Phone #