

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

FILED
May 13 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 # 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 34616-5607



3. Date Incorporated or Qualified
02/03/1995

3a. Date of Last Report
07/30/1996

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
[REDACTED] INDIAN SCHOOL RD NE P.O. BOX 30078
Suite, Apt. #, etc.

22. City & State
ALB., NM 87110

23. Zip
Country
USA

24. City & State
ALB., NM
Zip
Country
USA

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

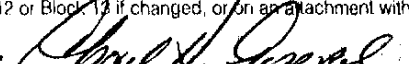
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTENZIO, ROBERT A	1.2 NAME	NEALELLIOTT
STREET ADDRESS	600 WILSON LANE / PO BOX 715	1.3 STREET ADDRESS	600 INDIAN SCHOOL RD NE
CITY - ST - ZIP	MECHANICSBURG PA 17055	1.4 CITY - ST - ZIP	ALB., NM 87110
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, ERNEST A.	2.2 NAME	
STREET ADDRESS	6001 INDIAN SCHOOL ROAD, N.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALBUQUERQUE MN	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVORE, JOSEPH	3.2 NAME	SCOTT SAULDER
STREET ADDRESS	503 S. GREENWOOD AVENUE	3.3 STREET ADDRESS	600 INDIAN SCHOOL RD NE
CITY - ST - ZIP	CLEARWATER FL 34616	3.4 CITY - ST - ZIP	ALB., NM 87110
TITLE	VAS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSH, DEBORAH M	4.2 NAME	CHARLES H GONZALES
STREET ADDRESS	600 WILSON LANE / P.O. BOX 715	4.3 STREET ADDRESS	600 INDIAN SCHOOL RD NE
CITY - ST - ZIP	MECHANICSBURG PA 17055	4.4 CITY - ST - ZIP	ALB., NM 87110
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)