

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 # F95000003337 (1)

1. Corporation Name
PROFESSIONAL FACTORS, INC.



Principal Place of Business
P.O. BOX 21702
TAMPA FL 33622-1702

Mailing Address
P.O. BOX 21702
TAMPA FL 33622-1702

3. Date Incorporated or Qualified 07/12/1995 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3329619	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

BLUM, HOWARD A
5444 BAY CENTER DR. #204
TAMPA FL 33609

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D?
NAME	CRAIG, WALTER M JR	1.2 NAME	CRAIG WALTER M JR
STREET ADDRESS	2 BRIDGE AVE.	1.3 STREET ADDRESS	2 BRIDGE AVE
CITY-STATE-ZIP	RED BANK NJ 07701	1.4 CITY-STATE-ZIP	RED BANK NJ
TITLE	EV	2.1 TITLE	EV
NAME	BLUM, HOWARD A	2.2 NAME	BLUM, HOWARD A
STREET ADDRESS	5444 BAY CENTER DR. #204	2.3 STREET ADDRESS	5444 BAY CTR DR #204
CITY-STATE-ZIP	TAMPA FL 33609	2.4 CITY-STATE-ZIP	TAMPA FL 33609
TITLE	S	3.1 TITLE	S
NAME	LAWI, DAVID S	3.2 NAME	LAWI, DAVID S
STREET ADDRESS	93 MASON ST.	3.3 STREET ADDRESS	537 STEAMBOAT ROAD
CITY-STATE-ZIP	GREENWICH CT 06860	3.4 CITY-STATE-ZIP	GREENWICH CT 06830
TITLE	C	4.1 TITLE	C
NAME	PEARLMAN, HERBERT M	4.2 NAME	PEARLMAN, HERBERT M
STREET ADDRESS	93 MASON ST.	4.3 STREET ADDRESS	537 STEAMBOAT ROAD
CITY-STATE-ZIP	GREENWICH CT 06860	4.4 CITY-STATE-ZIP	GREENWICH CT 06830
TITLE	CEO	5.1 TITLE	D CEO
NAME	BLUM, GERALD	5.2 NAME	BLUM, GERALD
STREET ADDRESS	16935 KNIGHTSBRIDGE LANE	5.3 STREET ADDRESS	16935 KNIGHTSBRIDGE LN
CITY-STATE-ZIP	DELRAY BEACH FL 33484	5.4 CITY-STATE-ZIP	DELRAY BEACH FL 33484
TITLE		6.1 TITLE	TREASURER
NAME		6.2 NAME	DAN MURPHY, DANIEL T
STREET ADDRESS		6.3 STREET ADDRESS	11 PENN PLAZA STE 1002
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	NY NY 10001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)