

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.)

FILED

96 SEP - 19 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G36216** (1)  
1. Corporation Name  
**FLORIDA PROFESSIONAL MANAGEMENT SYSTEMS, INC.**

Principal Place of Business Mailing Address  
**1806 MONUMENT AVE.**  
**PORT ST. JOE FL 32456-2104**  
**P.O. BOX 675**  
**PORT ST. JOE FL 32456-2104**



9/18/96

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/28/1983</b>		3a. Date of Last Report <b>08/28/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2400172</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOWARD, J P</b> <b>1806 MONUMENT AVE.</b> <b>PORT ST. JOE FL 32456</b>				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]* 9/18/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>DP</b>				12 NAME			
STREET ADDRESS <b>HOWARD, J.P.</b>				13 STREET ADDRESS			
CITY-ST-ZIP <b>1806 MONUMENT AVE.</b>				14 CITY-ST-ZIP			
CITY-ST-ZIP <b>PORT ST. JOE FL 32456</b>				15 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>D</b>				22 NAME			
STREET ADDRESS <b>JAMES, E.M.</b>				23 STREET ADDRESS			
CITY-ST-ZIP <b>400 DESOTO DR.</b>				24 CITY-ST-ZIP			
CITY-ST-ZIP <b>MIAMI SPRINGS FL 33166</b>				25 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>DT</b>				32 NAME			
STREET ADDRESS <b>JAMES, PATRICIA A.</b>				33 STREET ADDRESS			
CITY-ST-ZIP <b>400 DESOTO DR.</b>				34 CITY-ST-ZIP			
CITY-ST-ZIP <b>MIAMI SPRINGS FL 33166</b>				35 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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]* 9/18/96 (94)227-1676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR