FILE NO	W: FILING	FEE AFTER	MAY 1	IS \$225.00
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

G67074 **DOCUMENT #**

(6)

PROFESSIONAL FILING SYSTEMS INC.

Principal Place of Business 11636 N.W. 5TH ST.

Mailing Address

11636 N.W. 5TH ST. PLANTATION FL 33325



	LEMMINISTA LE ANNES											
								3.	Date Incorporated or Qualified 10/28/1983	3a. Date o 05/		Report 1 995
2. Principal Place of Business			F1	2a. Mailing Address			4. FEI Number 59-2342634				Applied For Not Applicable	
21			26					.↓	39 2342004			
_	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5.	Certificate of Status Desired	\$8.75 Addition				
22	City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
	Zip	Country 25	29	Zip	30 Co.	intry		8.	This corporation has liability for in Florida Statutes Yes		unde	rs 199.032,
24				alarad Agant		T		10	Name and Address of New Re	gistered A	gent	
		and Address of Cur	rem nega	stered Agent		81	Name					
	GAPPEN, RICHAR 11636 NW 5TH S					82	Street Addre	ess (P	O. Box Number is Not Acceptable			
	PLANTATION FL					83						
						84	Crty			FL	85	Zip Code
						⊥ֈ			when to this statement for the rumi	ose of chan	cina i	its registered office

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Separate Specific Control Agent of experience agent a 1113 of an income. 12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DP	☐ DELETE	1 1 TILLE		Change	Addition			
NAME	GAPPEN, RICHARD M		1.2 NAME						
STREET ADDRESS	11636 NW 5TH STREET		1.3 STREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL		14 CHY-ST-ZIP						
TITLE	D	☐ DELETÉ	2 1 TITLE		☐ Change	Addition			
NAME I	GAPPEN, ANITA G.		2.2 NAME						
STREET ADDRESS	11636 N.W. 5TH ST		2.3 STREET ADDRESS						
CITY - ST - ZIP	PLANTATION FL		24 CITY - ST - 7 P						
TITLE		☐ DELETE	3 1 THILE	VICE PRESIDENT	Change	M Addition			
NAME			3.2 NAME	GAPPEN, RICHARD M. 1360 N.W. 97th Ave.	JR.				
STREET ADDRESS			3.3 STREET ADDRESS	1360 N.W. 47 AVE.					
City-St-ZiP			3.4 C(1Y - ST - Z)P	Plantation, FL 33322					
TITLE		DELFTE	. 4 1 TITLE		Change	Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDIRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		DELETE	5 1 THE		Change	Additio:			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STHEET ADDRESS						
CITY-ST-ZIP			54 CITY - ST - ZIF						
TITLE		DELETF	6 1 [1][[Change	Additio			
NAME			6.2 NAME						
STREET ADDRESS			6 3 STREET ADDRESS						
CITY - S1 - ZIP			6.4 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 early that I am an officer or director of the corporation of the receiver or trusted 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: Diches OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5 - 20 - 96

954-474-7448

CR2E034 (12/95)