

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

FILED
Apr 15 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 # G96383 (6)

1. Corporation Name
PROFESSIONAL TECHNICAL SYSTEMS, INC.

Principal Place of Business 3900-A 31 ST.N. ST. PETERSBURG FL 33714	Mailing Address 3900-A 31 ST.N. ST. PETERSBURG FL 33714
---	---



2. Principal Place of Business 21. <i>SAME</i>		2a. Mailing Address 26. <i>SAME</i>		3. Date Incorporated or Qualified 04/16/1984	3a. Date of Last Report 06/20/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 59-2395057	Applied For Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROBERTS, CALVIN C. 6574 30TH AVE. N. ST. PETERSBURG FL 33710		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	PST PRENTICE, MIKE 7944 9TH AVE. S. ST. PETERSBURG FL	<input type="checkbox"/> DELETE
TITLE	D PRENTICE, MIKE 7944 9TH AVE. S. ST. PETERSBURG FL	<input type="checkbox"/> DELETE
TITLE	VPD O'BRIEN, JOHN 131 BLUFF VIEW DR BELLAIR BLUFFS FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Mike Prentice* MIKE PRENTICE PRES. 4-7-97 813-525-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)