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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

PROFESSIONAL CENTRE ONE, INC.

(1)

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									
•		Mailing Address							
% JOHN W. BR 255 COREY AV	ryan E. P.O BOX 67128	% JOHN W. BRYAN 255 COREY AVE. P.O BO	X 67128						
\$T. PETERSBUI	RG FL 33736	ST. PETERSBURG FL 33736-7128			3. Date Incorporated or Qualified   3a. Date of Last Report			Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-2463116	Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	0	City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country			Country		8. This corporation has liability for in			
24	25	29	30	30			Yes No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	istered A	gent	
BRY	AN, JOHN W.			81	Name				
4500	) FOURTH STREET NORTH PETERSBURG FL 33703		82 Street Ad			lress (P.O. Box Number is Not Acceptable	e)		
VI+ (			ŀ	<b>B</b> 3					·
			-	B4	City	<del></del>	FL	<b>85</b> Zip	Code
agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statu	ites.		poration submits this statement for the pi tion's board of directors. I hereby accep		changing i intment as	ts registered registered
	Signature, typed or printed name of registered age			Ager	nt signature requ	ired when reinstating)	DATE		E
12.	OFFICERS AN	D DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	HS IN 12 Addition
TITLE NAME	SKIPPER, PAUL J.	L' DECETE	1.1 111				l	unange	Addition
STREET ADDRESS	255 COREY AVE.		1.2 NAI						1
· .	ST. PETERSBURG BCH., F		1		ADDRESS				
CITY-ST-ZIP TITLE				1.4 CiTY-ST-ZIP				Change	Addition
NAME	BBUAN (BUILD NO			22 NAME			'	موالها والماله	Lation
STREET ADDRESS	4500 4TH STREET NORTH				ADDRESS				
CITY+ST-ZIP	ST PETERSBURG FL		2.401						
TITLE		DELETE	31 TH					Change	Addition
NAME			3.2 NAI	νE					,
STREET ADDRESS			3.3 STF	REE1 /	ADDRESS				
CITY-ST-ZIP			3 4. CIT	Y-\$	1 - ZIP				
TITLE		DELETE	4.1 1111	.F			1	Change	Addition
NAME			4. 2 NA	Μŧ	{				I
STREET ADDRESS			4.3 STF	KEET /	ADDRESS				;
CITY-ST-ZIP			4.4 CIT		- 2iP				
TITLE		☐ DELETE	5.1 111		)			Change	Addition
NAME			5.2 NAI	-					ļ
STREET ADDRESS			ı		ADDRESS				
CITY-ST-ZIP		Driete	5.4 CIT		r-ZiP			Ob	1,33%
TITLE		L_J DELETE	6.1 111		}			∟ Change	Addition
NAME			6.2 NAT		120000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ov partity that the information symplic	d with this tilling does not aud	64 CIT			d in Section 119.07(3)(i), Florida Statutes	Lfurther	cortifu that	the
Informatio	on indicated on this annual report of fficer or director of the corporation in Block 12 or Block 13 if chapters	conflemental annual report is	true and as wered to ex	ceci	rate and tha ute this repo	of it doction in 19.01(3)(i), Florida Statute it my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as atutes; an	if made un d that my	ider oath; that name

REQUIRED