

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

*** CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 109852 (1)
1. Corporation Name
Professional Resources, Inc.

Principal Place of Business
**2701 SW 58 MNR # E
Ft. Lauderdale, FL
33312**

Mailing Address
**2701 SW. 58 MNR # E
Ft. Lauderdale, FL
33312**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04-18-1986		3a. Date of Last Report 5-1-94	
21		26		4. FEI Number 65-0108334		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Jewett, Charles E. C.P.A. 2435 Hollywood Blvd., Suite 204 Hollywood, FL 33020				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			
				05 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVS			1.1 TITLE	☐ Change ☐ Addition		
NAME	Miller, Daryl			1.2 NAME			
STREET ADDRESS	2701 S.W. 58 MNR # E			1.3 STREET ADDRESS			
CITY, ST, ZIP	Ft. Lauderdale, FL			1.4 CITY, ST, ZIP			
TITLE	TO			2.1 TITLE	☐ Change ☐ Addition		
NAME	Miller Daryl			2.2 NAME			
STREET ADDRESS	2701 S.W. 58 MNR # E			2.3 STREET ADDRESS			
CITY, ST, ZIP	Ft. Lauderdale, FL 33312			2.4 CITY, ST, ZIP			
TITLE				3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY, ST, ZIP				3.4 CITY, ST, ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY, ST, ZIP				4.4 CITY, ST, ZIP			
TITLE				5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY, ST, ZIP				5.4 CITY, ST, ZIP			
TITLE				6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY, ST, ZIP				6.4 CITY, ST, ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption that the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as appears in Block 12 or Block 13 if changed, or on an attachment with an address.

As stated in Section 110.07(3)(k), Florida Statutes, I further certify that my signature shall have the same legal effect as if made under oath, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daryl Miller
SIGNATURE AND TYPED OR PRINTED NAME OF BOHNING OFFICER OR DIRECTOR

4/24/95
Date

305 989-3585
Typed Name

LM