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May 09 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 # J12052 (3)
1. Corporation Name
PROFESSIONAL SITTERS SERVICES, INC.



Principal Place of Business Mailing Address
* JULIE A. WARE * JULIE A. WARE
15925 SEA PINES DR. 15925 SEA PINES DR.
HUDSON FL 34667 HUDSON FL 34667-4054

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1986		05/01/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2661885		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

WARE, JULIE A.
15925 SEA PINES DR.
HUDSON FL 33567

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	WARE, JULIE A.	1.2 NAME	
STREET ADDRESS	15925 SEA PINES DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	VDT	2.1 TITLE	
NAME	BILLIAN, MARY L.	2.2 NAME	
STREET ADDRESS	15925 SAN PINES DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	
TITLE	VDM	3.1 TITLE	
NAME	BILLIAN, DAMON	3.2 NAME	
STREET ADDRESS	15925 SEA PINES DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BILLIAN, JASON	4.2 NAME	
STREET ADDRESS	15925 SEA PINES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HORMAN, ANTHONY	5.2 NAME	
STREET ADDRESS	15925 SEA PINES DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

JULIE A. WARE

(813) 862-7004

CR2E034 (9/96)