

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **J30130 (5)**
1. Corporation Name
PRO-VISE MANAGEMENT GROUP, INC.

Principal Place of Business % RAY FERRARA 611 DRUID RD. SUITE 105 CLEARWATER FL 34616	Mailing Address % RAY FERRARA 611 DRUID RD. SUITE 105 CLEARWATER FL 34616
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/22/1986	
				4. FEI Number 59-2751257	
				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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERRARA, RAY 611 DRUID RD SUITE 105 CLEARWATER FL 34616				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	VP	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, THOMAS O.		1.2 NAME	V. Raymond Ferrara	
STREET ADDRESS	5401 WEST KENNEDY BLVD SUITE 480		1.3 STREET ADDRESS	147 Aleta Drive	
CITY-STATE-ZIP	TAMPA FL		1.4 CITY-STATE-ZIP	Belleair Beach, FL	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRARA, KIM		2.2 NAME	Neil R. Covert	
STREET ADDRESS	147 ALETA DR.		2.3 STREET ADDRESS	2749 Northridge Dr. E.	
CITY-STATE-ZIP	BELLEAIR BCH FL		2.4 CITY-STATE-ZIP	Clearwater, FL 34621	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURBIN, ANGELA N		3.2 NAME	Kimberly Adams	
STREET ADDRESS	340 TRALEE ST NE		3.3 STREET ADDRESS	11856 Branch Mooring Drive	
CITY-STATE-ZIP	LARGO FL		3.4 CITY-STATE-ZIP	Tampa, FL 33635	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Norma Johns	
STREET ADDRESS			4.3 STREET ADDRESS	105 Bayside Drive	
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		

14. I 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:  REQUIRED

7-13-98 813-441-9022

CR2E034 (5/98)