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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1000	
DOCUMENT # J6 1. Corporation Name PROFESSIONAL SHOPPIN	
Principal Place of Business	Mailing Address

|--|

Principal Plac	ce of Business	М	ailing Address							
% RAYMOND D. LANDMAN % RAYMOND D. LANDMAN 1735 RICHARDSON RD 1735 RICHARDSON RD MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952					DO NOT WRITE IN THIS SPA	ACE				
						3.	Date Incorporated or Qualifed 04/09/1987			
2. Principal P	Place of Business	2a	. Mailing Address			4.	FEI Number	L	Applied For	
:1		26					59-2801502	⊥_	Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional e Required	
City & Star	te	28	City & State			6.	Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees	
Zip	Country		Zip Country			8. This corporation owes the current year Intangible				
4	25	29	30				Personal Property Tax.	Yes	□No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren		· · · · · · · · · · · · · · · · · · ·	İ		10.	Name and Address of New Registered Age	nt		
IAN	IDMAN, RAYMOND D.			81	Name					
173	5 RICHARDSON RD			82	1	•	O. Box Number is Not Acceptable)	J. 3-2-5	NGT Meridian Salengale Adibition.	
MERRITT ISLAND FL 32952			83	83						
t Come :		`		84	City		FL ⁸		Zip Code	
office or a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Flori	da. Such change was authorized	i by	the corporation	ation s bo	n submits this statement for the purpose of cha pard of directors. I hereby accept the appointment	ngin ent a	g its registered as registered	
SIGNATURE	·						einstating) DATE			
	Signature, typed or printed name of registered agei			Ager	nt signature required w		Ciribidang)	UDF.	OTODE IN 12	
12.	OFFICERS AN	ID DIR l	CTORS 13.			,	ADDITIONS/CHANGES TO OFFICERS AND D	4KE	CIURS IN 12	

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOT	E: Registered Agent signature re	a required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TITLE	D DELETE	11 TITLE	Change	☐ Addition
NAME	LANDMAN, RAYMOND D.	1.2 NAME		Ì
STREET ADDRESS	1735 RICHARDSON RD	1.3 STREET ADDRESS	S :	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	_	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	s	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	·	
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	s	
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	s	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	1 1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	The state of the s	
TITLE	□ DELETE	6.1 TITLE	☐ Change	Addition Addition
NAME	ka ka sana da	6.2 NAME	- constraints	frager pa total fil
STREET ADDRESS		6.3 STREET ADDRESS	s · · ·	
CITY OT 71D		6.4 CITY-ST-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 13 if changed, or on an attachment with an address, with all other like empowered.

Raymond D. Landman, President

SIGNATURE:

SIGNATURE: C