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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J68653 1. Corporation Name

PROFESSIONAL REVIEW & OPERATIONAL SHOPPERS, INC.

Principal Place of Business Mailing Address						ĺ		10 Biro erret (8150		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3885 20TH STF	REET	3885 20TH STREET				l						
VERO BEACH	FL 32960	VERO BEACH FL 32960					DO NOT MIDITE IN THIS SPACE					
US US						<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						_	04/20/19	987	amed			
2. Principal P	lace of Business	2a. Mailing Address				4	. FEI Numbe				Ap	plied For
1		26					59-2802	214			No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	. Certifcate	of Status Desi	red [<u> </u>	\$8.75 <i>≀</i> Fee:Re	
City & Stat	е	City & State				6	Election Ca	ampaign Finan	ncina -		\$5.00	May Re
3		28				"		Contribution		}	Added	- 1
Zip	Country	Zip Country				8	8. This corporation owes the current year Intangible					
i	25	29 30			· •. ·			roperty Tax.		,	Yes	□No
4	9. Name and Address of Curren		130	T	_	10		Address of I	New Reg	istered A	gent	
	3. Name and Address of Garren	it riogiotorou rigoni		81	Name				. <u> </u>	<u> </u>	<u> </u>	
BAR	NETT, TWANA											
	20TH STREET					Address (I	P.O. Box Nu	mber is Not Ad	cceptable	;)		
	O BEACH FL 32960								-			
14.1	O DELIGITATE GEOOG			83			•					
				84	City					FL	85 Zip (Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change w	as authorize	d by	the corp	corporation s b	on submits the	nis statement fo ctors. I hereby	or the pur accept th	rpose of one appoint	hanging its tment as re	registered gistered
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Registere	d Agen	t signature					DATE		
12.		ID DIRECTORS	13	<u> </u>			ADDITIONS	CHANGES T	O OFFIC	ERS AND		
TITLE	Р	DELETE 1.1 π				1					☐ Change	☐ Addition
NAME	BARNETT, TWANA		1.2 NAME									
STREET ADDRESS				TREET	ADDRESS	i						ł
CITY-ST-ZIP	VERO BEACH FL			CITY-ST	r∙ ZIP							
TITLE	ST	☐ DELET		ITLE							Change	Addition
NAME	STEADMAN, NANCY		2.2 (AME			- 01	. (1		No.		Ì
STREET ADDRESS	5905 CLUBHOUSE DRIVE		2.35	2.2 NAME 2.3 STREET ADDRESS 5			5 UU	1P Hor	17 C	P	V C	
CITY-ST-ZIP	VERO BEACH FL		2.4	CITY-S	T-ZIP				`		-	
TITLE		☐ DELET	E 3.11	TITLE							☐ Change	☐ Addition
NAME			3.2 (IAME								
STREET ADDRESS			3.3 9	TREET	ADDRESS	; {						1
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP							
TITLE		☐ DELET	E 4.1 1	ITLE					_		Change	☐ Addition
NAME.			4.2	NAME		1						ļ
STREET ADORESS			4.3 5	TREET	ADDRESS							ł
CITY-ST-ZIP				CITY-ST								
TITLE		☐ DELET		TILE		T					☐ Change	☐ Addition
NAME			5.21	AME								
STREET ADDRESS			5.3 5	TREET	ADDRESS	:						}
			5.4.0	JTY-S	r-ZIP	[
CITY-ST-ZIP TITLE		DELET		TITLE					_		Change	Addition
				AME							_ •	-
NAME					ADDRESS	.l						1
STREET ADDRESS			0.3			1]

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90042 006 ***150.00

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