FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:49

DOCUMENT # J74055 (1)

1. Corporation Name
PROFESSIONALS TRUST, INC.

Principal Place of Business	Mailing Address
7890 PETERS RD SUITE G105 PLANTATION FL 33324	7890 PETERS RD SUITE G105 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1987
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21: 2650 State Rd 84
22 Suite, Apt. #, etc.: Suite 103
23 City & State: Ft. Lauderdale FL
24 Zip: 33312
25 Country: USA

2a. Mailing Address
26: 2650 State Rd 84
27 Suite, Apt. #, etc.: Suite 103
28 City & State: Ft. Lauderdale FL
29 Zip: 33312
30 Country: USA

4. FEI Number: 65-0061240 ☐ Applied For ☐ Not Applicable

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

LAPOINTE, LORA L.
7890 PETERS RD
SUITE G105
PLANTATION FL 33324

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: Lora LaPointe, PhD (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	LAPOINTE, DR. LORA L.	1.2 NAME		
STREET ADDRESS	7890 PETERS RD #G105	1.3 STREET ADDRESS	2650 State Rd 84	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	IAZZO, ANTHONY DR	2.2 NAME		
STREET ADDRESS	875 MEADOWS RD #313	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	LAPOINTE, DR. JOHN A.	3.2 NAME		
STREET ADDRESS	7890 PETERS RD #G105	3.3 STREET ADDRESS	2650 State Rd 84	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		4.1 TITLE		☐ Change ☐ Addition
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lora LaPointe PhD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/27/95
Daytime Phone #: (305) 475-2225

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