

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54014

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** PROPERTY RESEARCH SERVICES OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

8256 STATE ROAD 84  
DAVIE, FL 33324

**New Principal Place of Business:**

3121 SW 23 STREET  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

8256 STATE ROAD 84  
DAVIE, FL 33324

**New Mailing Address:**

3121 SW 23 STREET  
FORT LAUDERDALE, FL 33312

**FEI Number:** 65-0089552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGE, MINE' B., ESQ.  
7 S.E. 13TH STREET  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: WILLIAMS, BARRY S.,  
Address: 3121 SW 23RD ST.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VS ( ) Delete  
Name: MECHESENEY, SUSAN L.,  
Address: 8256 STATE ROAD 84  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: MECHESENEY, SUSAN L.,  
Address: 3121 SW 23 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY S. WILLIAMS

DPT

03/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date