

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K72585 (8)**

1. Corporation Name
PROFESSIONAL RESOURCES OF THE PALM BEACHES, INC.



Principal Place of Business: 1675 P.B. LAKES BLVD, STE 700, WEST PALM BEACH FL 33401, US
Mailing Address: P.O. DRAWER 4178, WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified: 03/14/1989
3a. Date of Last Report: 01/24/1995
4. FEI Number: 65-0112347
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

2. Principal Place of Business
21. 2633 Lantana Rd.
Suite, Apt #, etc.: 22. Office 5
City & State: 23. Lantana, FL 33462
Zip: 24. Country: 25.
2a. Mailing Address
26. 2633 Lantana Rd.
Suite, Apt #, etc.: 27. Suite 30
City & State: 28. Lantana, FL 33462
Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent
ROBERTS, GARY W.
1675 PALM BCH LAKES BLVD
STE 700
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81. Name: **M. LEE THOMPSON, P.A.**
82. Street Address (P.O. Box Number is Not Acceptable): **2628 Forest Hill Boulevard**
83. City: **West Palm Beach, FL**
84. Zip Code: **33406**

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 607.005, Florida Statutes.

SIGNATURE: *M Lee Thompson*

NOTE: Registered Agent signature required when registering. DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: ROBERTS, GARY W	
STREET ADDRESS: 1675 PB LAKES BLVD, STE 700	
CITY-ST-ZIP: WEST PALM BEACH FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P.S.T.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: JIMMY R. SHAW	
1.3 STREET ADDRESS: 12724 Westport Circle	
1.4 CITY-ST-ZIP: West Palm Beach, FL 33412	
2.1 TITLE: V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: TIMOTHY L. SHAW	
2.3 STREET ADDRESS: 15160 Scott Place	
2.4 CITY-ST-ZIP: Loxahatchee, FL 33470	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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)(k), 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: *Jimmy R Shaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **May 23, 1996**
DAY/TIME/FILING # **968-0019**

CR2E034 (12/95)