

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K78230** (5)  
1. Corporation Name  
**PROFESSIONAL ADMINISTRATORS AND MANAGERS, INC.**



Principal Place of Business: **2003 W KENNEDY BLVD TAMPA FL 33606-1550**  
Mailing Address: **2003 W KENNEDY BLVD TAMPA FL 33606-1550**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		
9. Name and Address of Current Registered Agent									

3. Date Incorporated or Qualified <b>03/31/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2947488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

**DEZIEL, JILL M**  
**109 N BRUSH ST**  
**SUITE 500**  
**TAMPA FL 33602**

81 Name	<b>Emerson, Jill D., Esquire</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>same</b>
83 City	<b>FL</b>
84 Zip Code	<b>85</b>

11. Pursuant to the provisions of Sections 607.0102 and 607.1118, 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 607.0905, Florida Statutes.

SIGNATURE: *Jill D. Emerson*

4-16-96

12. OFFICERS AND DIRECTORS		
TITLE	<b>PDT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MADIEDO, DEBRA S.</b>	
STREET ADDRESS	<b>2003 W KENNEDY BLVD.</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>EVERITT, BRENDA L.</b>	
STREET ADDRESS	<b>2003 W KENNEDY BLVD.</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>Madiedo, John F., Jr.</b>	
3. STREET ADDRESS	<b>2003 W. Kennedy Boulevard</b>	
4. CITY-STATE-ZIP	<b>Tampa, Florida 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<b>Secretary</b>	
6. NAME	<b>Pinkstaff, Brenda Everritt</b>	
7. STREET ADDRESS	<b>2003 West Kennedy Boulevard</b>	
8. CITY-STATE-ZIP	<b>Tampa, Florida 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<b>Treasurer</b>	
10. NAME	<b>Pinkstaff, Brenda Everritt</b>	
11. STREET ADDRESS	<b>2003 West Kennedy Boulevard</b>	
12. CITY-STATE-ZIP	<b>Tampa, Florida 33606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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. I am an officer or director of the corporation, its registered office or business powers, or the state in which it is registered, Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or is an attached name to any of these.

SIGNATURE: *John F. Madiedo, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 813-251-4900

CR2E034 (12/95)