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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNU	AL REPORT
1	1996

DOCUMENT # K85664

(6)

PROFESSIONAL RESOURCE INSTITUTE FOR DISABILITY E VALUATION, INC.



	of Business	Mailing Address			
633 VA DRIVE Bradenton F US		C/O W. M. SMILEY, JR. 4275 34TH STREET, SO ST. PETERSBURG FL 3 US	UTH. SUITE 333	Date Incorporated or Qualified	3a. Date of Last Report
		UŞ	U\$		05/01/1995
Principal Plac	ace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
	GULFPORT BLUD SO	. 26 6860 GULFF	ORT BLUD. SO	65-0129481	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc. 27 SuITE 80		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 <b>50</b> . <b>PASA0E</b>		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Addied to Fees
3870	Country	2ip 29 <b>33707</b>	Country 30 U.S.A.	8. This corporation has liability for Florida Statutes Yes	ntangible tax under s 199.032,
1	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
417 EAST SUITE 1 TALLAHA	CONNECTION INC. T VIRGINIA STREET ASSEE FL 32301		83 Sui 84 CitySA	MACK WILLAM H. dress (P) Box Number is Not Acceptable O 2NO STREET TE 855 RASOTA FL	FL 85 Zp Code
1. Pursuant to	a the provisions of Sections 607 050				nose of changing its registered offic
or registere familiar with	ed agent, or both, in the State of Flor th, and accept the obligations of Sec	ida. Such change was authorize	es, the above-named corp ed by the corporation's bo	oration submits this statement for the pur pard of directors. I hereby accept the app	omment as registered agent, cam
familiar with	ed agent, or both, in the State of Flor	ida. Such change was authorize tion 607,0505. Florida Statutes	es, the above-named corp ed by the corporation's bo TE: Registered Agent signature requ	paro of directors. Thereby accept the appliance when reinstating?	4/26/96
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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 it 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: Jun 4m

4/24/96 8/33448678