SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L15183 (1)

1. Corporation Name

PROFESSIONAL BUSINESS FORMS, INC.

Principal Place of Business	Mailing Address
C/O JOEL A. BROCK 6805 TWELVE OAKS BLVD. TAMPA FL 33634	C/O JOEL A. BROCK 6805 TWELVE OAKS BLVD. TAMPA FL 33634

2. Principal Place of Business — 21 5439 BEAUMONT CTR.
Suite, Apt. #, etc — 22 #1050
City & State — 23 Tampa FL
Zip — 24 33634 Country — 25 USA

2a. Mailing Address — 26 6805 Twelve Oaks
Suite, Apt. #, etc — 27
City & State — 28 TAMPA, FL
Zip — 29 33634 Country — 30 USA

3. Date Incorporated or Qualified: 09/12/1989
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-2967346 — 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

~~BROCK, JOEL A.~~
6805 TWELVE OAKS BLVD.
TAMPA FL 33634

10. Name and Address of New Registered Agent
81 Name: JAMES M. FENIMORE
82 Street Address (P.O. Box Number is Not Acceptable): 6805 TWELVE OAK BLVD
83
84 City: TAMPA FL 85 Zip Code: 33634

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: JAMES M. FENIMORE [signature] 7/10/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BROCK, JOEL A. [redacted]	
STREET ADDRESS	~~6805 TWELVE OAKS BLVD~~ [redacted]	
CITY-ST-ZIP	TAMPA FL [redacted]	
TITLE	P	[ ] DELETE
NAME	FENIMORE, MARK	
STREET ADDRESS	~~5439 BEAUMONT CTR BLVD., #1050~~	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	S	[ ] DELETE
NAME	FENIMORE, J. SCOTT	
STREET ADDRESS	113 1ST ST E UNIT 1	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	V	[ ] DELETE
NAME	FENIMORE, JAMES M	
STREET ADDRESS	6805 TWELVE OAKS BLVD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	4812 MITCHEL CIRCLE	
1.4 CITY-ST-ZIP	TAMPA FL. 33634	
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	11921 KEATING DR.	
2.4 CITY-ST-ZIP	TAMPA, FL. 33626	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/10/96 813-889-7745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #