

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State

1996 4-296

B-2930

C

DOCUMENT # L35837

(8)

1. Corporation Name

PROFESSIONAL MANAGEMENT SERVICE, INC.

Principal Place of Business

% BETTY MATARANGOLO
9300 S DADELAND BLVD SUITE 206
MIAMI FL 33156

Mailing Address

% BETTY MATARANGOLO
9300 S DADELAND BLVD SUITE 206
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

MATARANGOLO, BETTY
9300 S DADELAND BLVD SUITE 206
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607, 608 and 609, 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607(2)(b), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

MATARANGOLO, BETTY

STREET ADDRESS

9300 S DADELAND BLVD 206

CITY-STATE-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is true, correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided on this statement is true and correct 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 business or business combination to which this report is submitted by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I am hereby filing this statement with good faith.

SIGNATURE:

Betty Matarangolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 305-670-7894



FILED
Apr 02 1996 8:00 am
Secretary of State

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