

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1999.
 AMOUNT DUE ON OR BEFORE 8/3/99: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra D. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 JUL 11 AM 9:33
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L59948** (4)

1. Corporation Name
PROFESSIONAL RATE SERVICES, INC.

Principal Place of Business: **ONE CORPORATE DRIVE, SUITE 310 CLEARWATER FL 34622**
 Mailing Address: **ONE CORPORATE DRIVE, SUITE 310 CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1990** 3a. Date of Last Report: **02/28/1994**
 4. FEI Number: **59-2999893** 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
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **8130 66th St. N** 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22 **#4** 27 Suite, Apt. #, etc.
 City & State: 23 **Pinellas PARK FLA** 28 City & State
 Zip: 24 **34665** 25 Country: 29 Zip: 30 Country

9. Name and Address of Current Registered Agent
LITTELL, HOWARD J **1552 LAKE AVE**
1998 BLUE HAWK COURT #1814 CLEARWATER FLA
CLEARWATER FL 34622
34666

10. Name and Address of New Registered Agent
 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 607.0502 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: *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
 TITLE: **P**
 NAME: **LITTELL, HOWARD J**
 STREET ADDRESS: **1552 LAKE AVE N, #1008**
 CITY-ST-ZIP: **CLEARWATER FL 34620**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 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 Change 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 110.07(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 proprietor 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 for an addition with an address.

SIGNATURE: *[Signature]* **HOWARD J. LITTELL** **6/13/95** **546-3833**
 DATE DAYTIME PHONE #

CR2E034 (3-95)