

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L98164** (1)

1. Corporation Name

PROFESSIONAL AWARDS OF AMERICA, INC.



Principal Place of Business

**16801 LINK COURT
FT. MYERS FL 33912**

Mailing Address

**16801 LINK COURT
FT. MYERS FL 33912**

3. Date Incorporated or Qualified
08/31/1990

3a. Date of Last Report
10/05/1995

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

4. FEI Number
65-0219456

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

10. Name and Address of New Registered Agent

**DRISCOLL, JOHN S.
16801 LINK COURT
FT. MYERS FL 33912**

81 Name
WENDY DRISCOLL
82 Street Address (P.O. Box Number is Not Acceptable)
16801 Link Court
83 **Ft. Myers**
84 City
FL 85 Zip Code
33912

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

Wendy Driscoll

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 **DPS** ☐ DELETE
NAME **DRISCOLL, JOHN S.**
STREET ADDRESS **16801 LINK CT.**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **DVT** ☐ DELETE
NAME **DRISCOLL, MARGARET C.**
STREET ADDRESS **16801 LINK CT.**
CITY - ST - ZIP **FT. MYERS FL**

TITLE **V** ☐ DELETE
NAME **DRISCOLL, WENDY**
STREET ADDRESS **16801 LINK CT**
CITY - ST - ZIP **FT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 **D/C/T** ☒ Change ☐ Addition
1.2 NAME **Same**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **D/V** ☒ Change ☐ Addition
2.2 NAME **Same**
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **D/P/S** ☒ Change ☐ Addition
3.2 NAME **Same**
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wendy Driscoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 267-3333

Daytime Phone #

CR2E034 (12/95)