## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

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17/00

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98164

(1)

PROFESSIONAL AWARDS OF AMERICA, INC.

Principal Place	of Business	Mailing Address			1 180/(IDI) BID IDIDI ISIDI IIDID DILI DIBI D	TALE BIRDI MINIT MINIT RENIT MINIT IN	101
16801 LINK COURT		16801 LINK COURT	16801 LINK COURT				
FT, MYERS FL 33912		FT. MYERS FL 33912		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	T I II O OI AOL	-
					08/31/1990		
2. Principal Pi	ace of Business	2a. Mailing Address	-		4. FEI Number	Applied F	For
21		26		65-0219456	Not Appli		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			□ \$8.75 Addition		
22		27		5. Certificate of Status Desired	Fee Required	<b>!</b>	
City & State		City & State		6. Election Campaign Financing	\$5.00 May B	3e	
23		28			Trust Fund Contribution	Added to Fees	s
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid		е
24	25 9. Name and Address of Curren	29	30	<del>_</del>	Personal Property Tax due June 3  10. Name and Address of New Regi		
	<del></del>	r registered Agent	81	Name	IO. Italia alla Addiess di Iteli negi	Proton Vilon	
	SCOLL, WENDY		<u></u>				
	01 LINK COURT		82 Street Address (F.		dress (F'.O. Box Number is Not Acceptable	a) · ·	
FI.	MYERS FL 33912		83	-			
				<u> </u>			
			64	City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abov	/e-named co	rporation submits this statement for the pur	roose of changing its regis	stered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	by the corpora	ation's board of directors. I hereby accept	the appointment as registe	ered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered ages	it and title if applicable. (NO	TE: Registered A	gent signature req	dred when reinstating)	DATE	<del></del> _
12.	OFFICERS AND	- <del> </del>	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	DCT	☐ DELETE	1.1 TITLE			Change A	Addition
NAME	<b>Dr</b> iscoll, John S.		1.2 NAME				
STREET ADDRESS	<b>168</b> 01 LINK CT.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-	ST - ZIP			
TITLE	DV	DELETE	2 1 TITLE			L Change L A	Addition
NAME	DRISCOLL, MARGARET C.		2.2 NAME				
STREET ADDRESS	16801 LINK CT.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. MYERS FL	□ onest	2. 4 CITY			05	t deliking
TITLE	DPS	☐ DELETÉ	3.1 TITLE			Change A	Addition
NAME	DRISCOLL, WENDY		3.2 NAME	1			
STREET ADDRESS	16801 LINK CT			T ADDRESS			
CITY-ST-ZIP	FT MYERS FL	DELETE	3.4. CHTY-	-ST-ZIP		Change A	Addition
TITLE		CJ VIIII	4.1 IIILE			an oliango min	ida((o))
NAME							
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	51-2IP		☐ Change ☐ A	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE	-		Change A	Addition
NAME			6.2 NAME	.			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	<del></del> .		6.4 CITY-				
14. I hereby o			for the exem	ption stated i	n Section 119.07(3)(i), Florida Statutes. I fu		
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 eath; 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.							