

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M26808** (9)
1. Corporation Name
PROFESSIONAL RESIDENTIAL SERVICES CORP.



Principal Place of Business C/O DONALD A. DOYLE 3801 RIVERA DR. P.O. BOX 145434 33144-2434	Mailing Address C/O DONALD A. DOYLE 3801 RIVERA DR. P.O. BOX 145434 33144-2434
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	PROFESSIONAL RESIDENTIAL SERVICES CORP P O BOX 2630 STUART, FL 34995-2630
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3. Date Incorporated or Qualified 02/01/1986	CEI Number 59-2631743	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees
Trust Fund Contribution <input type="checkbox"/>		
4. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. Name and Address of Current Registered Agent DOYLE, DONALD A. 3801 RIVERA DR. CORAL GABLES FL 33134	6. Name and Address of New Registered Agent DONALD A. DOYLE 42 SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FL 34996-6728
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Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DP DOYLE, DIANA P. 3801 RIVERA DR. CORAL GABLES FL	1.1 TITLE 1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DST DOYLE, DONALD A. 3801 RIVERA DR. CORAL GABLES FL	DONALD A. DOYLE 42 SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FL 34996-6728	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald A. Doyle* **DONALD A. DOYLE**

4-8-98 **81-286-3777**

CR2E034 (10/97)