


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N94000005021 (0)**

1. Corporation Name

**THE PROFESSIONAL AND BUSINESS FORUM, INC.**



Principal Place of Business	Mailing Address
6205 WOOD LAKE ROAD JUPITER FL 33458	PO BOX 2437 WEST PALM BEACH FL 33402-2437 US

3. Date Incorporated or Qualified <b>10/07/1994</b>	3a. Date of Last Report <b>06/20/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0526980</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHERMAN, HEIDI 6205 WOOD LAKE ROAD JUPITER FL 33458		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	MCALLISTER, JACK	1.2 NAME	Nanette Lawrenson
STREET ADDRESS	2809 FLORIDA BLVD., #509	1.3 STREET ADDRESS	246 Eagleton Lakes Blvd.
CITY-ST-ZIP	DELRAY FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	TD	2.1 TITLE	
NAME	BRADLEY, SUSAN K	2.2 NAME	
STREET ADDRESS	3220 N FLAGLER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	Director
NAME	MCDONALD, NANCY N	3.2 NAME	Dr. William J. Romanos
STREET ADDRESS	1200 S. FLAGLER DRIVE	3.3 STREET ADDRESS	900 S US Highway 1, Suite 101
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Michelle Ulsch
STREET ADDRESS		4.3 STREET ADDRESS	21449 Fairfield Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Bradley 4/28/97 861-835-1040

CR2E037 (9/96)