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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9200 PROFESSIONALS, INC.	0011127 (7)			8.
Principal Plac	ce of Business	Mailing Address				OK 11848 11881 11818 11811 1861 1861
10720 74TH	10720 74TH AVENUE					
C						
SEMINOLE F	L 34642	SEMINOLE FL 34642 US			DO NOT WRITE IN T	HIS SPACE
00	_	US			3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address	- van		12/11/1992 4. FEI Number	Applied For
21		26		59-3155362	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CO 75
22 27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	1		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25 9. Name and Address of Curre	29 29 Annt	[30]		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
<u> </u>	PICCOLO, LEE A	III HORISTELETI VÄRIT	81 N	ame	10. Hame and Address of New Reguste	ired Agent
101						
		82 St	treet Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE C SEMINOLE FL 34642						
		-				
			84 Ci	-		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Sta te c of Florida. Such change was pations of, Section 607.0505, F	utes, the above-na authorized by the lorida Statutes.	med corp corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE		,				
Signature, typed or printed name of registered agent and little if applicable (NOTE			OTE Registered Agent sig	gnature requir	red when reinstating) DA	ŤE .
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD Fitzgerald, david	☐ DELETE	1.1 TITLE			Change Addition
NAME STREET ADORGO	12001 BELCHER RD #P252		1.2 NAME	0500		
STREET ADDRESS CITY-ST-ZIP	LARGO FL 34643		1.3 STREET ADDR			
TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	<u> </u>		Change Addition
NAME	LOPICCOLOD, KATHLEEN A		2.2 NAME			C Outrige C Addition
STREET ADDRESS	12001 BELCHER RD #P252		2.3 STREET ADDR	BESS		
CITY-ST-ZIP	LARGO FL 34643		2. 4 CITY-ST-ZI	P		
TITLE	\$TD	DELETE	31 TITLE			Change Addition
NAME	LOPICCOLO, LEE A		3.2 NAME			
STREET ADDRESS	12001 BELCHER RD #P252		3.3 STAEET ADDA	ress		
CITY-ST-ZIP	LARGO FL 34643		3.4. CITY-ST-ZIF	P		
TITLE		DELETE	4.1 TITLE	- 1		Change Addition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADOR			
CITY+ST+ZIP TITLE		☐ DELET E	4.4 CITY - ST - ZIP	<u> </u>	13	Chones 1344
NAME		C OCTEST	5.1 TITLE		•	Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDR		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	ESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP	- 1		

14. Thereby certify that the information expedied 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 advust 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 of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an appears.

SIGNATURE.

11:01

116/90

813-393-654

FILED

Feb 20 1998 8:00am

Secretary of State