## 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

DOCUMENT #

P93000002230 (9)

PROFESSIONAL TRIM, INC.

Principal Place of Business

è

Mailing Address

**FILED** Apr 29 1998 8:00am Secretary of State



P.O. BOX 9032 Coral Springs FL 33075		P.O. BOX 9032 CORAL SPRINGS FL 33075				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 01/07/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0383443 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Regulred Fee Regulred	
City & State		City & State	Cily & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	7 <sub>1</sub> p	Country		This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren				10. Name and Address of New Registered Agent	
Z	CCARDI, DOMINIC		81	Name	DOMINIC ZICCANDI	
2888 NW 95 TERRACE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
0	ORAL SPRINGS FL 33065				10330 N.W. 39 MANON	
			83		CONAL SPRINGS FL 33065	
			84		85 Zip Code	
					<b>FL</b> _	
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State im familiar with, and accept the obliga	of Horida, Such change was au	uthorized b	y the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or profiled name of registered age	·			e required when reinstating) DATE	
12.	OFFICERS AND		13.	cm signature te	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	DELETE	1 1 TITLE		P	
NAME	ZICCARDI, DOMINIC		12 NAME	ľ	ZICCAROI, DOMINIC	
STREET ADDRESS	2686 NW 95 TERRACE		13 STREET	ADDRESS	10330 NW 39 MANON	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CHY-5	ST - ZIP	Conste Springs EC 33065	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	23 ST		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP		
TITLE	_	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 THLE		│ │ │ │ │ Change │ │ Add(tion	
NAME			4. 2 NAME	- 1		
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		DELETE	4.4 CITY-S	ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ nereie	51 TITLE		Change Addition	
NAME OTRET ADDRESS			5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE		DELÉTE	5.4 CHY-S 6.1 TITLE	51-ZIP	Change Addition	
		v.c.			Li change Li Audition	
NAME OTREET ADDRESS			6.2 NAME	ADDBECC		
STREET ADDRESS			6.3 STREET			
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for	6.4 CITY-S		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated officer or	on this annual report or supplements	Hammast report is true and accu	rate and th	at my signa	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	