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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300002844 (7)

PROFESSIONAL OFFICE SUPPORT, INC.

Principal Place of Business	Mailing Address			
1304 HARRISON AVENUE PANAMA CITY FL 32401	1304 HARRISON AVENUE PANAMA CITY FL 32401-2435			
.1				

FILED Apr 29 1997 8:00am Secretary of State



1304 HARRISON			j		1			
1304 HARRISON AVENUE PANAMA CITY FL 32401			1304 HARRISON AVÊNUE PANAMA CITY FL 32401-2435					
					3. Date Incorporated or Qualified 01/13/1993	3a. Date 01/22	of Last Re 2/1996	eport
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number		*	plied For
21		26			59-3162450			t Applicable
Suite, Apt. #	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		26			Trust Fund Contribution		Added t	lo Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible ta:		. 199.032,
	9, Name and Address of	Current Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
HAR	RIS, ANNE D		81	Name				
AND HERPOONE AUCTION		Street Add	ress (P.O. Box Number is Not Acceptate	ole)				
			83					
			84	City		FL	85 Zip (Code
SIGNATURE _	m familiar with, and accept in Signature, typed or printed name of regi				poration submits this statement for the pation's board of directors. I hereby acce	DATE		
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D	☐ DELETE	1.1 TBLE			L	Change	☐ Addition
NAME	HARRIS, ANNE D		1.2 NAME					
STREET ADDRESS	1304 HARRISON AVENI		1.3 STREET	1				
	BANKARA ORVICE BOAR	4	1.4 CITY - S	37 - 71P - 1				
CITY-ST-ZIP	PANAMA CITY FL 3240						Channe	Addition
TITLE	Ð	DELETE	2.1 TITLE			<u></u>	Change	Addition
TITLE NAME	D ELKOMY, FAWZIA	☐ DELETE	2.1 TITLE 2.2 NAME			<u> </u>	Change	Addition
TITLE NAME STREET ADORESS	D ELKOMY, FAWZIA 1304 HARRISON AVENI	☐ DELETE	. 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		<u> </u>	Change	Addition
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nonneum supplies wan time ning acces for quality for the exemption stated in section 119.07(5)(1), horize statutes. I further certify that the annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that he corporation or the foceiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 if changed, or propan attachment with an address.

Anne D. Harris,

04-23-1997

(904) 763-0447