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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000002844 (7)

FILED May 05 1998 8:00am Secretary of State

PROFE	ESSIONAL OFFICE SUPPOI	RT, INC.				
Principal Plac	e of Business	Mailing Address		 -	- I TORILOGI SID 18508 INILI 88114 BONIC BONIC	IBKIN Osnio nigo n kakin girin andi 1234
1304 HARRISON AVENUE 1304 HARRISON AVENUE			NUE			
PANAMA CITY FL 32401 PANAMA CITY FL 32401					DO 1107 115155 11	T. 110 001 05
					DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
					01/13/1993	
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
h		 	26		59-3162450	Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			40 7E
22 27					5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		1 0		Trust Fund Contribution	
Zip 24	26	Country Zip Country 26 29 30			This corporation owes or has paid to Personal Property Tax due June 30.	
24	9. Name and Address of Curre		30		10. Name and Address of New Regist	
H	ARRIS, ANNE D		81	Name		
1304 HARRISON AVENUE			82	Stroot Addro	ss (P.O. Box Number is Not Acceptable)	
	NAMA CITY FL 32401		52	Stiedt William	ss (F.O. BOX NUMBER IS NOT ACCEPTABLE)	
			63			
1			84	City		85 Zip Code
			1 1	-		
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, arm familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
agent. I a	rm familiar with, and accept the oblig	gations of, Section 607.0505,	, Florida Statutes.	,		·· <u>-</u>
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE Registered Agent	signature required	1 when reinstating)	DATE DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	7		☐ Change ☐ Addition
NAME	HARRIS, ANNE D		1.2 NAME	-		
STREET ADDRESS	1304 HARRISON AVENUE		1.3 SYREET A	DDRESS		
City-St-ZIP			1.4 CITY-ST-	ZIP		Change Addition
TITLE	THE RESERVE THE PROPERTY OF THE PERTY OF THE		21 TITLE			L Change Addition
NAME STREET ADDRESS	1304 HARRISON AVENUE		2.2 NAME 2.3 STREET A	nnaree		
CITY-ST-ZIP	PANAMA CITY FL 32401		2.4 CITY - ST-			
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			. —
STREET ADDRESS	33		3.3 STREET AL	DORESS		
CITY-ST-ZIP			3.4. CITY-ST-	- ZIP		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	l l		4.3 STREET A			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST- 5.1 TITLE	ZIP		Change Addition
NAME			5.2 NAME	ļ		El Auto-An El verbitiqu
STREET ADDRESS			5.3 STREET AL	DORESS		
CITY-ST-ZIP			5.4 CITY - ST-			
TITLE		☐ DELETE	6.1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AL	DORESS		ļ
CITY-ST-ZIP			6.4 C/TY- ST-			
14. I hereby o	certify that the information supplied v	vith this filing does not qualif	v for the exemption	on stated in Se	ection 119.07(3)(i), Florida Statutes. I furt	her certify that the information

Caccurate and that my signature shall have the same legal effect as if made under oath; that I am an to to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in