

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027856 (2)
1. Corporation Name
PROFESSIONAL FOUNDATIONS OF FLORIDA, INC.

Principal Place of Business
4311 NW 19 AVE
POMPANO BEACH FL 33064

Mailing Address
4311 NW 19 AVE
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1993

4. FEI Number

65-0396509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

FLENNIKEN, CHARLES
1252 RAINTREE LN
WELINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name FLENNIKEN, CHARLES

82 Street Address (P.O. Box Number is Not Acceptable)

4436 120 AVE. N.

83

84 City ROYAL PALM BEACH FL

85 Zip Code 33411

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, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

CHARLES FLENNIKEN, PRES.

3/31/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME FLENNIKEN, CHARLES L
STREET ADDRESS 4436 120TH AVE N
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

☐ DELETE

TITLE VP
NAME AHERN, JOHN J
STREET ADDRESS 21521 E. HOLLANDALE
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

TITLE T
NAME AHERN, MARK F
STREET ADDRESS 2871 N OCEAN BLVD. M-126
CITY-ST-ZIP BOCA RATON FL 33431

☐ DELETE

TITLE S
NAME AHERN, JOHN T
STREET ADDRESS 1261 NW 48TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33064

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 and the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13 if changed, or in the block following with an address.

SIGNATURE:

CHARLES FLENNIKEN 3/31/98-954-9360

CR2E034 (10/97)