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Apr 19, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027856

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 4340 NW 19 AVE.

2a. Mailing Address
26 4340 NW 19 AVE.

Suite, Apt. #, etc.
22 BAY F

Suite, Apt. #, etc.
27 BAY F

City & State
23 POMPANO BEACH, FL.

City & State
28 POMPANO BCH, FL.

Zip Country
24 33064 25 USA

Zip Country
29 33064 30 USA

9. Name and Address of Current Registered Agent

FLENNIKEN, CHARLES
4436 120TH AVE N
ROYAL PALM BCH FL 33411

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	P
NAME	FLENNIKEN, CHARLES L
STREET ADDRESS	4436 120TH AVE N
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	VP
NAME	AHERN, JOHN J
STREET ADDRESS	21521 E. HOLLANDALE
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	T
NAME	AHERN, MARK F
STREET ADDRESS	2871 N OCEAN BLVD. M-126
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	S
NAME	AHERN, JOHN T
STREET ADDRESS	1261 NW 48TH STREET
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
2.1 TITLE	← SECRETARY
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	← VP
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 or the receiver 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05034 (11/98)