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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065336 (8)

PROFESSIONAL FUNCTIONS, INC.

Principal Place of Business Mailing Address 8768 SW 3RD ST 8768 SW 3RD ST APT 202/3 APT 202/3 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0439945 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible ∏ No 24 25 29 Personal Properly Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FLORIDA REGISTERED AGENTS, INC. **B1** Name 100 SE 2ND ST 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3600** 83 **MIAMI FL 33131** 84 City Zip Code 11. Pursuant to the provisions of Soctions 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE FESTINGER, PHYLLIS 1.2 NAME NAME 8768 SW 3RD ST APT 202/3 STREET ADDRESS 1.3 STREE! ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME

> 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP

> 3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

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4. 2 NAME 4.3 Street address

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

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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, of on an attachment with an address.

Block 12 or Block 13 if changed or on an atlachment with an address.

Charles Phyllic Fost mor Proc 1/2/98 962-6773

CR2E034 (10/97)

☐ Addition

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FILED

Jan 29 1998 8:00am

Secretary of State