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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS City-S1-Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000067580 (9)

PROFESSIONAL LAND MANAGEMENT, INC.

FILED Mar 14 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address 9601 NORWOOD DR. 9601 NORWOOD DR. TAMPA FL 33624 TAMPA FL 33624-5135					
US		U\$		3. Date Incorporated or Qualified 09/22/1993	3a. Date of Last Report 02/29/1996
2. Principal F	lace of Business	2a. Mailing Address		4. FFI Number	Applied For
21		26		59-3199095	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	7ip	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes X No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	jistered Agent
LANCASTER, MICHAEL 12416 GLENFIELD AVENUE TAMPA FL 33626			83 City -	Michael Lanca Idress (P.O. Box Number is Not Acceptable 91 Fenns bury	
office or agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or project came of registered age OFFICERS AND	ntions of, Section (07.0505) or and title if applicable (b	Florida Statutes. OTF Registered Agent signature rec	aured when refusialing) ADDITIONS/CHANGES TO OFFIC	3-10-97 DATE
TITLE	P	DELFTE	1.1 TITLE	President.	Change Addition
NAME STREET ADDRESS	LANCASTER, MICHAEL 12416 GLENFIELD AVENUE			Michael N. Lancast 14191 FEUUSBURY Dri	Ne
CITY-ST-ZIP	TAMPA FL		1.4 CHTY- \$1-7IP	Tumps Fc. 336:	L 4
TITLE		DECETE	2.1 THLE	•	Change Addition
NAME			. 2.2 NAME		
STREET ADDRESS			2.3 STRUET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CHY-ST-7IP 3 1 HTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4, C(1)Y+S1+7/P		
TITLE		DELETE	4.1 HILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-\$1-2IP 5.1 THE		Change Addition
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NAME STREET ADDRESS			5.2 NAME 5.3 STREET AUDRESS		
CITY-ST-ZIP			5.4 CITY - ST- ZIP		
TITLE		DELETE	G.1 YITLE		Change Addition
NAME			6.2 NAME		

SIGNATURE: Mielie lo Lanciste Michael A. Lancister 3/10/97 813-265-2739

14. I do 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 logal effect as if made under each; 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS