SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:2
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000003006 (1)**

1. Corporation Name
PROFESSIONAL PARTNERS NETWORK, INC.

Principal Place of Business	Mailing Address
4125 34TH WAY SOUTH UNIT 192 ST. PETERSBURG FL 33711-4371	4125 34TH WAY SOUTH UNIT 192 ST. PETERSBURG FL 33711-4371

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 1942 - 2ND Ave So.
26 2a. Mailing Address: 1942 - 2ND Av. So.
4. FEI Number: 59-3222744 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City & State: St Petersburg
28 City & State: St. Petersburg
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip: 33712 25 Country: PINELLAS
29 Zip: 33712 30 Country: PINELLAS
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, CHARLIE R
7 FOUNTAIN SQUARE
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

81 Name: MANUEL A. FERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 1942 - 2ND AVE SOUTH
83
84 City: ST PETERSBURG FL 85 Zip Code: 33712

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] PRESIDENT, DIRECTOR 6/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	RESIGNED,	☒ Change ☐ Addition
NAME	DOBBINS, MAURICE	1.2 NAME	THEREFORE DELETED	
STREET ADDRESS	8003 LANDMARK CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HENSON, MICHAEL A	2.2 NAME		
STREET ADDRESS	3218 TARPON WOODS BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	RESIGNED,	☒ Change ☐ Addition
NAME	MYERS, THOMAS F SR.	3.2 NAME	THEREFORE DELETED	
STREET ADDRESS	8101 MONTOCK CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	PRES/DENT/DIRECTOR	☒ Change ☐ Addition
NAME	FERNANDEZ, MANUEL A	4.2 NAME		
STREET ADDRESS	4125 34TH WAY SOUTH, UNIT 192	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33711	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LYUBLANOVITS, E. PAUL	5.2 NAME		
STREET ADDRESS	8601 139TH ST. NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34646	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, CHARLIE R	6.2 NAME		
STREET ADDRESS	7 FOUNTAIN SQUARE	6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL 34616	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] PRES/DENT AND DIRECTOR (6/3)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MANUEL A. FERNANDEZ 6/26/95 813-894-3707
Date (Daytime Phone #)

0187736 FP