FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000003843 (7)**

1. Corporation Name

PROFESSIONAL TECHNICAL REPRESENTATIVES, INC.

Principal Place of Business

101 CENTURY 21 DR.
SUITE 108
JACKSONVILLE FL 32216

Mailing Address

101 CENTURY 21 DR.
SUITE 108
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified	3a. Date of Last Report
01/18/1994	**04/28/1995**

2. Principal Place of Business
21
Suite/Apt. #
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite/Apt. #
27
City & State
28
Zip 29 Country 30

4. FEI Number **33-0398131** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 607.1505, 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(S) (Signature of Current Registered Agent, if changing) (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D ☐ DELETE	1 TITLE	D ☒ Change ☐ Addition
NAME	BLASIER, JOHN W	2 NAME	JOHN W BLASIER
STREET ADDRESS	300 CARLSBAD VILLAGE DR.,#108A-284	3 STREET ADDRESS	101 CENTURY 21 DR. SUITE 108
CITY-ST-ZIP	CARLSBAD CA 92008-2999	4 CITY-ST-ZIP	JACKSONVILLE FLA 32216
5 TITLE	D ☐ DELETE	5 TITLE	D ☒ Change ☐ Addition
NAME	BLASIER, ROBERT M	6 NAME	ROBERT M. BLASIER
STREET ADDRESS	300 CARLSBAD VILLAGE DR.,#108A-284	7 STREET ADDRESS	4021 F LAYANG LAYANG CIRCLE
CITY-ST-ZIP	CARLSBAD CA 92008-2999	8 CITY-ST-ZIP	CARLSBAD CA 92008
9 TITLE	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
13 TITLE	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
17 TITLE	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
21 TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing is true. 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 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: John W Blasier (JOHN W BLASIER) 1/24/96 619 433 4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)