

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008826 (7)

1. Corporation Name
PROFESSIONAL REVIEW NETWORK, INC.

Principal Place of Business

800 EL PASEO
LAKELAND FL 33805

Mailing Address

P.O. BOX 80429
LAKELAND FL 33804-0429



FILED
Jun 11 1997 8:00am
Secretary of State

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3320048		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

WEINBREN, DON B
2700 BARNETT PLAZA
101 E. KENNEDY BOULEVARD
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
83
84 City Plantation FL 85 Zip Code 33324

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, name or printed name of registered agent and title if applicable

Adam Hamilton, Asst. Secy

6/5/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOUGH, JAMES N			1.2 NAME	Lawrence P. Cuka		
STREET ADDRESS	800 EL PASEO			1.3 STREET ADDRESS	10065 Red Run Blvd.		
CITY-ST-ZIP	LAKELAND FL 33805			1.4 CITY-ST-ZIP	Owings Mills, MD 21117		
TITLE	EVP	<input type="checkbox"/> DELETE		2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVIN, MARC B			2.2 NAME	Marc B. Levin		
STREET ADDRESS	10065 RED RUN BLVD.			2.3 STREET ADDRESS	10065 Red Run Blvd.		
CITY-ST-ZIP	OWINGS MILLS MD			2.4 CITY-ST-ZIP	Owings Mills, MD 21117		
TITLE	EVBC	<input type="checkbox"/> DELETE		3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELKINS, MARSHALL A			3.2 NAME	Marshall A. Elkins		
STREET ADDRESS	10065 RED RUN BLVD.			3.3 STREET ADDRESS	10065 Red Run Blvd.		
CITY-ST-ZIP	OWINGS MILLS MD			3.4 CITY-ST-ZIP	Owings Mills, MD 21117		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Mark L. Fulchino		
STREET ADDRESS				4.3 STREET ADDRESS	10065 Red Run Blvd.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Owings Mills, MD 21117		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	CAO/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	W. Bradley Bennett		
STREET ADDRESS				5.3 STREET ADDRESS	10065 Red Run Blvd.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Owings Mills, MD 21117		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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

CR2E034 (9/96)