

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

**FILED**

**May 18 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: **210 N. University Dr  
Coral Springs, FL 33071**

Mailing Address: **Integrated Network Svcs.  
210 N. University Drive  
Coral Springs, FL 33071**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **210 N. University Dr  
Coral Springs, FL 33071**

2a. Mailing Address: **Integrated Network Svcs.  
210 N. University Drive  
Coral Springs, FL 33071**

21. City, State, Zip: **Coral Springs, FL 33071**

22. City & State: **Coral Springs, FL**

23. Zip: **33071**

24. Country: **USA**

3. Date Incorporated or Qualified: **02/03/1994**

4. FEI Number: **59-3320048**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CIRKAY, LAWRENCE P	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, MARC B	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FULCHINO, MARK L	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	CAOT	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, W. BRADLEY	
STREET ADDRESS	10065 RED RUN BLVD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	DP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADD (1710)
NAME	Virginia M. Dollard	
STREET ADDRESS	210 N. University Dr.	
CITY-ST-ZIP	Coral Springs, FL 33071	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P. ROBERT N ELKINS</b> <input checked="" type="checkbox"/> DELETE
1.3 STREET ADDRESS	10065 Red Run Blvd
1.4 CITY-ST-ZIP	Owings Mills, MD 21117
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Nancy Bachman
2.3 STREET ADDRESS	210 N. University Dr.
2.4 CITY-ST-ZIP	Coral Springs, FL 33071
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Jordan Davis
3.3 STREET ADDRESS	65 E. 55th Street
3.4 CITY-ST-ZIP	New York, NY 10022
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Daniel Lubin
4.3 STREET ADDRESS	65 E. 55th St.
4.4 CITY-ST-ZIP	New York, NY 10022
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CD Al Waxman
5.3 STREET ADDRESS	1675 Broadway (35th Flr)
5.4 CITY-ST-ZIP	New York, NY 10019
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Art Halper
6.3 STREET ADDRESS	1675 Broadway (35th Flr.)
6.4 CITY-ST-ZIP	New York, New York 10019

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503, 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/23/98**

CR2E034 (10/97)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
Virginia M. Dollard  
210 N. University Drive  
Coral Springs, FL 33071

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
Nancy Bachman  
210 N. University Drive  
Coral Springs, FL 33071

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Jordan Davis  
65 East 55<sup>th</sup> Street  
New York, NY 10022

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Daniel Lubin  
65 East 55<sup>th</sup> Street  
New York, NY 10022

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CD  
Al Waxman  
1675 Broadway (35<sup>th</sup> Flr.)  
New York, NY 10019

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Art Halper  
1675 Broadway (35<sup>th</sup> Flr.)  
New York, NY 10019

Addition