

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90016 020 \*\*\*550.00

DOCUMENT # P94000008826

1. Corporation Name

PROFESSIONAL REVIEW NETWORK, INC.

Principal Place of Business

210 N UNIVERSITY DR  
CORAL SPRINGS FL 33071  
US

Mailing Address

INTEGRATED NETWORK SVCS.210 N UNIVERSITY D  
10065 RED RUN BLVD  
CORAL SPRINGS FL 33071  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

59-3320048

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME BACHMAN, NANCY  
STREET ADDRESS 210 N UNIVERSITY DR  
CITY-ST-ZIP COARAL SPRINGS FL 33071

TITLE D  
NAME DAVIS, JORDAN  
STREET ADDRESS 65 E 55TH STREET  
CITY-ST-ZIP NEW YORK NY 10022

TITLE D  
NAME LUBIN, DANIEL  
STREET ADDRESS 65 EAST 55TH STREET  
CITY-ST-ZIP NEW YORK NY 10022

TITLE CD  
NAME WAXMAN, AL  
STREET ADDRESS 1675 BROADWAY, 35TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10019

TITLE DP  
NAME DOLLARD, VIRGINIA M  
STREET ADDRESS 210 UNIVERSITY DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Lubin, Daniel C.  
1.3 STREET ADDRESS 1 Rockefeller Plaza - Ste 920  
1.4 CITY-ST-ZIP New York, NY 10020

2.1 TITLE D  
2.2 NAME Strauss, Daniel E.  
2.3 STREET ADDRESS 411 Hackensack Ave. - 7th FLR  
2.4 CITY-ST-ZIP Hackensack, NJ 07601

3.1 TITLE VT  
3.2 NAME Gutchewsky, Judith  
3.3 STREET ADDRESS 210 N University Drive - Ste 700  
3.4 CITY-ST-ZIP Coral Springs, FL 33071

4.1 TITLE BP  
4.2 NAME Dollard Virginia M.  
4.3 STREET ADDRESS 210 N University Drive - Ste 700  
4.4 CITY-ST-ZIP Coral Springs, FL 33071

5.1 TITLE C  
5.2 NAME Waxman, Albert  
5.3 STREET ADDRESS 152 West 57th Street - 33rd FLR.  
5.4 CITY-ST-ZIP New York, NY 10019

6.1 TITLE D  
6.2 NAME Davis, Jordan S  
6.3 STREET ADDRESS 1 Rockefeller Plaza - Ste 920  
6.4 CITY-ST-ZIP New York, NY 10020

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

954-790-3625

Daytime Phone #

CR2E034 (11/98)