

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:31

DOCUMENT # P94000019158 (2)

1. Corporation Name

PROFESSIONAL DEVELOPMENT SYSTEMS, INC.

Principal Place of Business

2000 MAIN ST 402
FT MYERS FL 33901

Mailing Address

2000 MAIN ST 402
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 13180 N. Cleveland Ave

Suite, Apt. #, etc.

22 Suite 237

City & State

23 N. Ft. Myers FL

24 33903

Country

25 Lee

2a. Mailing Address

26 13180 N. Cleveland Ave

Suite, Apt. #, etc.

27 Suite 237

City & State

28 N. Ft. Myers FL

29 33903

Country

30 Lee

4. FEI Number

65-6473879

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. 199.022,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PANKOW, JACK P
2000 MAIN ST 402
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 237

84 N. FT MYERS

FL

85 Zip Code 33903

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 date if applicable.

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
PANKOW, JACK P
2000 MAIN ST 402
FT MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVT
VOGELBACH, W D
340 SPARROW WOOD CT
LAKE MARY MI 43746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

13180 N. Cleveland Ave, Suite 237
N. Ft. Myers, FL 33903

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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 person 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 AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/6/95

813 656-5009