

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019158 (2)

1. Corporation Name

PROFESSIONAL DEVELOPMENT SYSTEMS, INC.



Principal Place of Business

Mailing Address

13180 N. CLEVELAND AVE
STE 237
N. FT. MYERS FL 33903
US

13180 N. CLEVELAND AVE
SUITE 237
N. FT. MYERS FL 33903
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0473879

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANKOW, JACK P
13180 N. CLEVELAND AVE
SUITE 237
N. FT. MYERS FL 33903

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 607.1506, 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 type: I signed this report. (If printed, sign over the signature.)

(Initials) Registered Agent's signature required when registering.

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PANKOW, JACK P
13180 N. CLEVELAND AVE, SUITE 237
N. FT. MYERS FL

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
VOGELBACH, W D
340 SPARROW WOOD CT
LAKE MARY FL 33740

☐ DELETE

2.1. TITLE
2.2. NAME
2.3. STREET ADDRESS
2.4. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1. TITLE
3.2. NAME
3.3. STREET ADDRESS
3.4. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1. TITLE
4.2. NAME
4.3. STREET ADDRESS
4.4. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1. TITLE
5.2. NAME
5.3. STREET ADDRESS
5.4. CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1. TITLE
6.2. NAME
6.3. STREET ADDRESS
6.4. CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Pankow, Pres.

6/11/96

94-658-5009

CR2E034 (3/96)