

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90041 008 ***150.00

DOCUMENT # P94000019158

1. Corporation Name

PROFESSIONAL DEVELOPMENT SYSTEMS, INC.

Principal Place of Business

13180 N. CLEVELAND AVE
STE 229
N. FT. MYERS FL 33903
US

Mailing Address

13180 N. CLEVELAND AVE
STE 229
N. FT. MYERS FL 33903
US

2. Principal Place of Business

21 2328 Hancock Bridge Pkwy

Suite, Apt. #, etc.
22 Suite 103

City & State
23 Cape Coral, Fla

Zip Country
24 33990 25 Lee

2a. Mailing Address

26 2328 Hancock Bridge Pkwy

Suite, Apt. #, etc.
27 Suite 103

City & State
28 Cape Coral FL

Zip Country
29 33990 30 Lee

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/07/1994

4. FEI Number

65-0473879

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

10. Name and Address of New Registered Agent

81 Name

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

2328 Hancock Bridge Pkwy
Suite 103

84 City Cape Coral

FL

85 Zip Code

33990

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

Jack Pankow

3/16/99

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PANKOW, JACK P
13180 N CLEVELAND AVE, STE 229
N FT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
VOGELBACH, W D
3816 HIDDEN ACRES
N FT. MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
3856 Hidden Acres Cir
N. Ft Myers FL 33903

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

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

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Pankow 3/16/99 941-574-7007

Date Daytime Phone #

CR2E034 (1/98)