

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P94000026444 (7)**

1. Corporation Name

**PROFESSIONAL REALTY ADVISORS, INC.**



Principal Place of Business

Mailing Address

2707 S. GOLDENROD RD  
ORLANDO FL 32822  
US

2707 S. GOLDENROD RD.  
ORLANDO FL 32822  
US

3. Date Incorporated or Qualified  
**04/04/1994**

3a. Date of Last Report  
**08/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5449 S. SEMORAN BLVD.**

26 **5449 S. SEMORAN BLVD.**

4. FEI Number

**59-3241439**

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. 199.032, Florida Statutes

Yes  No

Suite, Apt. #, etc.

22 **SUITE 20**

Suite, Apt. #, etc.

27 **SUITE 20**

City & State

23 **ORLANDO, FL**

City & State

28 **ORLANDO, FL**

Zip

24 **32822**

Country

25 **USA**

Zip

29 **32822**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**HAWKINS, KEVIN  
2707 S. GOLDENROD RD.  
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name **HAWKINS, KEVIN**  
82 Street Address (P.O. Box Number is Not Acceptable) **5449 S. SEMORAN BLVD.**  
83 **SUITE 20**  
84 City **ORLANDO** FL 85 Zip Code **32822**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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]*

4-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, KEVIN</b>	
STREET ADDRESS	<b>2707 S. GOLDENROD RD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HAWKINS, KEVIN</b>	
1.3 STREET ADDRESS	<b>5449 S. SEMORAN BLVD, SUITE 20</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:

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

4-15-96  
Date

407-381-6000  
Telephone

CR2E034 (12/95)