

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000062690(0)**  
1. Corporation Name

**PROFESSIONAL BUSINESS EVALUATIONS, INC.**

Principal Place of Business

Mailing Address

**100 FOREST POINT LANE  
LONGMOOD, FL 32779**

**100 FOREST POINT LANE  
LONGMOOD, FL 32779**

2. Principal Place of Business		2a. Mailing Address	
21	26	27	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		28 City & State	
23 Zip		29 Zip	
24 Country		30 Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
08/24/1994	4/25/95
4. FEI Number	Applied For
59-3287762	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MC DONOUGH, WILLIAM D.  
100 FOREST POINT LANE  
LONGMOOD, FL 32779**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 or Director) (Case #)

(Name of Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER M. MC DONOUGH	1.2 NAME	
STREET ADDRESS	100 FOREST POINT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMOOD, FL 32779	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM D. MC DONOUGH	2.2 NAME	
STREET ADDRESS	100 FOREST POINT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMOOD, FL 32779	2.4 CITY-ST-ZIP	
TITLE	SECRETARY-TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN T. MC DONOUGH	3.2 NAME	
STREET ADDRESS	100 FOREST POINT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMOOD, FL 32779	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700001852967
STREET ADDRESS		5.3 STREET ADDRESS	-06/06/96--01017--026
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	5-1-96
STREET ADDRESS		6.3 STREET ADDRESS	AEB
CITY-ST-ZIP		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: *William D. McDonough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 407 774-4686  
DATE DATE OF REPORT

CR2E034 (12/95)