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Mar 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000087435 (1)

1. Corporation Name  
PROFESSIONAL ASSET MANAGEMENT COMPANY, INC.



Principal Place of Business: 9385 N 56TH STREET SUITE 200 TEMPLE TERRACE FL 33617-5594  
Mailing Address: 9385 N 56TH STREET SUITE 200 TEMPLE TERRACE FL 33617-5594

3. Date Incorporated or Qualified: 11/28/1994  
3a. Date of Last Report: 08/05/1996

2. Principal Place of Business: 21 400 N. Tampa Street, Suite, Apt. #, etc.: Suite 2630, City & State: Tampa, FL, Zip: 33602, Country: U.S.A.  
2a. Mailing Address: 26 P.O. Box 190, Suite, Apt. #, etc.: , City & State: Tampa, FL, Zip: 33601, Country: U.S.A.  
4. FEI Number: 59-3368885, 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

9. Name and Address of Current Registered Agent  
LEVIN, CHARLES J  
9385 N 56TH STREET  
SUITE 200  
TEMPLE TERRACE FL 33617-5594

10. Name and Address of New Registered Agent

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

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 to 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: Geoffrey Todd Hodges 3/24/97  
(NOTE: Registered Agent signature required upon reinstating)

12. OFFICERS AND DIRECTORS

TITLE	0	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, CHARLES J	
STREET ADDRESS	937 RIVERHILLS DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
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	P, D, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Geoffrey Todd Hodges	
1.3 STREET ADDRESS	400 N. Tampa Street, Suite 2630	
1.4 CITY-ST-ZIP	Tampa, FL, 33602	
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 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 a lawyer or justice 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: Geoffrey Todd Hodges 3/24/97 813-225-1515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)