## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000041591 (5)

PROFESSIONAL FORVM ENTERPRISES, INC.

Principal Place of Business Mailing Address

## **FILED** May 07 1997 8:00am Secretary of State



1808 NORTH M ORLANDO FL 3			1208 NORTH MILLS AVENUE ORLANDO FL 32803-2555								
							3. Date Incorporated or Qualified 05/22/1995	1 '	te of L 07/19	ast Repo	ort
2. Principal Pi 21	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number - APPLIED FOR 59-35			Appli	ed For oplicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.	75 Add	Sitional
22 City & State	9	City & S	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip         Country           29         30			ntry		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes \(\sigma\) No				
	9. Name and Address of Curren	nt Registered Ag	jenl				10. Name and Address of New Re	gistered /	Agent		
BRE	WER, JOHN W				81	Name					
1208	B NORTH MILLS AVENUE ANDO FL 32803					Street Add	ess (P.O. Box Number is Not Acceptable)				
• • • • • • • • • • • • • • • • • • • •					83						
					84	City		FL	85	Zip Cci	de
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	change was	s authorized	d by	/ the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of	chang ointme	ing its r nt as req	egistered gistered
SIGNATURE	Signature, lyped or printed name of registered age	ont and title if applicable	· · · · · · · · · · · · · · · · · · ·	OTE Registered	t And	nt signature requ	ਮਾਰਰੇ when reinstating)	DATE			
12.	OFFICERS AN			13.		an organizate resp.	ADDITIONS/CHANGES TO OFFIC		DIRE	CTORS I	N 12
TITLE	CO		DELETE	1.1 10	ILF				☐ Ch		Addition
NAME	NOCERO, MICHAEL A JR M.D	L		1.2 N/	ME						
STREET ADDRESS	103 SATSUMA DRIVE	•				ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	14		1.4 CI					*		
TITLE	PD		DELETE	2.1 TC					☐ Ch	ange	Addition
NAME	BREWER, JOHN W			2.2 N	ME					_	
STREET ADDRESS	401 MONTICELLO DRIVE					ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	701				ST-ZIP					
TITLE			DELETE	3 1 11					Ch	ange [	Addition
NAME				3.2 NA	ME	1					
STREET ADDRESS				3 3 S1	REE 1	ADDRESS					
CITY-ST-ZIP						S1-7IP					
TITLE			DELETE	41 Ti					Ch	ange	Addition
NAME				4 2 N	AME						
STREET ADDRESS				43.51	REET	ADDRESS					
CITY-ST-ZIP				4 4 01							
TITLE			DELETE	5 1 TI			and the state of t		Ch	ange	Addition
NAME				5 2 N/	AME					-	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST - ZIP					
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NAME				62 N					۰۰ مسه		
STREET ADORESS						ADDRESS					
						1	•				
CITY-ST-ZIP	İ			■ 6.4 CI	17 - S	31 - Z(P					

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 33 if changed, or on an attachment with an address.

11hard This W Registre I