

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 29, 1999 8:00 am  
Secretary of State

03-29-1999 90100 028 \*\*\*150.00

DOCUMENT # P95000041591

1. Corporation Name

PROFESSIONAL FORVM ENTERPRISES, INC.

Principal Place of Business  
1208 NORTH MILLS AVENUE  
ORLANDO FL 32803

Mailing Address  
1208 NORTH MILLS AVENUE  
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number  
59-3318999

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

BREWER, JOHN W  
1208 NORTH MILLS AVENUE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

JOHN W. BREWER, III *Same person*

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

1208 N. MILLS AVENUE

83

84 City

ORLANDO

FL

85 Zip Code  
32803

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

*John W. Brewer III*

JOHN W. BREWER III, PRESIDENT

DATE

1/7/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
NOCERO, MICHAEL A JR M.D.  
STREET ADDRESS  
103 SATSUMA DRIVE  
CITY-ST-ZIP  
ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME  
BREWER, JOHN W III  
STREET ADDRESS  
101 CAMPHOR TREE LN  
CITY-ST-ZIP  
ALTAMONTE SPRINGS FL 32714

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

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:

*John W. Brewer III*  
JOHN W. BREWER III

1/7/99

407-896-4882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0091796

CR2E034 (1/1/98)