

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

0625448

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 29 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P95000048838**

1. Corporation Name  
**PROFESSIONAL REVIEW GUIDES INC.**

Principal Place of Business  
**3024 29TH ST N  
ST PETERSBURG FL 33713**

Mailing Address  
**P.O. BOX 528  
ST PETERSBURG FL 33731**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/20/1995**

4. FEI Number  
**59-3322767**

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.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNERING, ROBERT B JR.  
5901 SUN BLVD  
#204  
ST PETERSBURG FL 33715**

81. Name

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

83.

84. City

**FL** 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, 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 and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **SCHNERING, PATRICIA J**  
STREET ADDRESS **3024 29TH ST N**  
CITY-ST-ZIP **ST PETERSBURG FL 33713**

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

TITLE **TS** ☐ DELETE

NAME **SCHNERING, ROBERT B**  
STREET ADDRESS **3024 29TH ST N**  
CITY-ST-ZIP **ST PETERSBURG FL 33713**

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

*Robert B. Schnering*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 1999

727 526-3163

Date

Daytime Phone #

CR2E034 (11/98)