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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000063102 (4)

DOCUMENT # 1. Corporation Name PROFESSIONAL RESOLUTOR ASSOCIATES INC.

Principal Place of Business Mating Address 11400 KNOT WAY COOPER CITY FL 33026 COOPER CITY FL 33026											
				,	~		3. Date Incorporated or Qualified 08/15/1995	3a. Date	of Last F	Report	
2. Principal Pl	ace of Business	F1	2a. Mailing Address				4. FEI Number Applied Fo			Applied For	
Suite, Apt. #, etc.		State: Ant	Suite, Apt. #, etc.							Not Applicable	
22		27	}				5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
23		28	— — — — — — — — — — — — — — — — — — —				Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip	 	Country	/		8. This corporation has liability for it		x under s	s 199.032,	
	9. Name and Address of Curr	[29] ent Registered Agent	30	·T ·			Florida Statutes Yes 10. Name and Address of New Re				
			`	81	Name		TO, Maine and Address of New Hi	egistered /	tgent		
RIZZO	, RICHARD R										
11400	KNOT WAY			82	Street	Addres	Address (P.Ö. Box Number is Not Acceptable)				
COOP	ER CITY FL 33028			83							
				84	City				11 5		
44 0					1 ' '			FL.	1 1	ip Code	
or register	to the provisions of Sections 607.05 ed agent, or both, in the State of Flo	02 and 607,1508, Florid onda: Such change was	da Statutes, the a sauthorized by th	iboveki e corp	named co orabori's	orporation of the components o	on submits this statement for the purp of directors. Thereby accept the appo	ose of cha	nging its	registered office	
familiar wit	th, and accept the obligations of, Sa	iction 607.0505, Florida	Statutes.	,			a section Thereby accept the appo	munem as	egisteret	o agent i am	
SIGNATURE _	Signature typed or protestinantic of respicered as	ottan ditte zacionam	(Note Baye)								
12.	OFFICERS A	NO DIRECTORS	1 1:		a signature :	sted historial into	ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIRECTO	ODS IN 10	
TATLE	D	DEI	LETE 1	1 T TLE		T	The strate of the office		Change	Addition	
NAME	RIZZO, RICHARD R		1:	NAME	İ				_	_	
STREET ADDRESS	11400 KNOT WAY		1:	STREET	ADDRESS						
CITY - ST - ZIP TITLE	COOPER CITY FL 33026			CITY-S	i - ZIP	ļ					
NAME		□ DEI	_	1 Tille] Change	☐ Addition	
STREET ADDRESS				NAME		[ļ	
CHTY-ST-ZIP				I STHEET I CITY - S	ADDRESS						
TITLE		DEL	A	1 TITLE	1 - 21P	_			1 Change	Addition	
NAME		_		NAME					I Change	☐ Modulon	
STREET ADDRESS			3.3	STREET	ADDRESS					i	
CITY - ST - ZIP			34	CHY-S	!-212						
TITLE		DE:	ETE 4	TITLE) Change	Addition	
NAME			4.2	NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIF TITLE				CHY-S	T-ZiP						
NAME		Oct		NAME] Change	Addition	
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP				OITY - ST	- 1						
TITLE		DEL		TIFLE		ļ			Change	Addition	
NAM <u>É</u>			6.2	NAME	1				9~		
STREET ADDRESS			63	STREET	ADDRESS						
CITY - ST - ZiP			6.2	CITY C	1.746						

64 CHY-SF-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 Brock 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED MAME OFFICER OF DIRECTOR SIGNATURE:

RICHARD R RIZZO 4-19-96 (954) 432-9071