

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070650 (3)

1. Corporation Name

PROFESSIONAL FINANCIAL INFORMATION TECHNOLOGIES,
INC.



Principal Place of Business

Mailing Address

~~1975 EAST SUNRISE BOULEVARD, SUITE 624~~
~~FORT LAUDERDALE FL 33304~~

~~1975 EAST SUNRISE BOULEVARD, SUITE 624~~
~~FORT LAUDERDALE FL 33304~~

2. Principal Place of Business

2a. Mailing Address

21 1424 So. Andrews Ave

25 1424 So. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 102

27 102

City & State

City & State

23 FT. LAUDERDALE

28 FT. LAUDERDALE

Zip

Zip

24 33316

29 33316

Country

Country

25 Broward

30 Broward

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

09/13/1995

4. FEI Number

Applied For

65-0615487

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name ROBERT JARKOW

82 Street Address (P.O. Box Number is Not Acceptable) 1424 So. Andrews Ave #102

83

84 City FT. LAUDERDALE

FL

85 Zip Code 33316

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PSTB~~
NAME JARKOW, ROBERT
STREET ADDRESS ~~1975 EAST SUNRISE BOULEVARD, SUITE 624~~
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11 TITLE PRESIDENT
12 NAME
13 STREET ADDRESS 1424 So. Andrews Ave
14 CITY-ST-ZIP FT. LAUDERDALE 33316

21 TITLE CHAIRMAN, BOARD
22 NAME LOU DEFRAZON
23 STREET ADDRESS 1424 So. Andrews Ave
24 CITY-ST-ZIP FT. LAUDERDALE FL 33316

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/96 954 522-7933

CR2E034 (12/95)