

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 # P95000083102 (0)

1. Corporation Name

PROFESSIONAL MANAGEMENT RESOURCES OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

~~1425 ARTHUR STREET, #304~~
~~HOLLYWOOD FL 33020~~

POST OFFICE BOX 7
HALLANDALE FL 33008

3. Date Incorporated or Qualified

10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1250 E. HALLANDALE BLVD

4. FEI Number

65-0617732

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 Hallandale FL

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24 33009

25 Country

Broward

29 Zip

30 Country

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~

~~343 ALMERIA AVENUE~~

~~CORAL GABLES FL 33134~~

81 Name

STEVEN C. SCHEINFELD, ESQ

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

4801 S. UNIVERSITY DR. 258

83

84 City

DAVE FL

FL

85 Zip Code

33328

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

Steven C. Scheinfeldt

4/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
PETERSEN, HARRY A
STREET ADDRESS ~~1425 ARTHUR STREET, #304~~
CITY-ST-ZIP ~~HOLLYWOOD FL 33020~~

TITLE ☐ DELETE

NAME STD
RICCHIUTI, ANGELA M
STREET ADDRESS ~~1425 ARTHUR STREET, #304~~
CITY-ST-ZIP ~~HOLLYWOOD FL 33020~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Harry A. Petersen

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD
HARRY A. Petersen
1.3 STREET ADDRESS 2049 S Ocean Dr. 708
1.4 CITY-ST-ZIP Hallandale FL 33009

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STD
ANGELA M. RICCHIUTI
2.3 STREET ADDRESS 18002 Ave 186
2.4 CITY-ST-ZIP Hallandale FL 33009

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME JPD
Robert A. Miller
3.3 STREET ADDRESS 2049 S. Ocean Dr 708
3.4 CITY-ST-ZIP Hallandale FL 33009

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 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.

April 26, 1996

954-4583489

Date

Daytime Phone #

CR2E034 (12/95)