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

P95000095555 (5) DOCUMENT #

PROFESSIONAL PARTNERS REAL ESTATE REFERRAL SERVI

CE, INC. Mailing Address Principal Place of Business



1137 S UNIVERSITY OR FT LAUDERDALE FL 33324			1137 S UNIVERSITY DR FT LAUDERDALE FL 33324						
						 Date Incorporated or Qualified 12/14/1995 	3a. Date	of Last	. Report
2. Principal Pla	ce of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number			Applied For
1		26	26			65-065978	Not Applicable		
Suite, Apt. #, etc.		Suite Ap	Suite Apt. #, etc 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Oity & Sta 28	Oity & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 4	Zip Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XNo			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name				
	ST, WAYNE NIVERSITY DR			82	Street Add	ess (P.O. Box Number is Not Accepta	ble)		
	ERDALE FL 33324								
				84	City		FL	85	Zip Code
familiar wit	h, and accept the obligations of, Signature typed or pricted name of registerior	Section 607.0505, Hon	ida Statutos. கும்பட்சுர்	Acret Age		rd of directors. Thereby accept the application is a compared to the compared	214Tt		
12.		AND DIRECTORS		13.	[AUDITIONS/CHANGES TO OF		Chan	
TITLE	D	L_J	DELETE	1.1101.6			L.] (18)	gr. [] 1120 (1511
NAME	SECHREST, WAYNE			1.2 NAMs					
STREET ADDRESS	1137 S UNIVERSITY DR				LADORESS				
CITY-ST-ZIP	FT LAUDERDALE FL 3332		DELÉTÉ	14 CiTy - 2 1 TiTLE	S1 - 70F		Γ	1 Char	ge 🔲 Addition
TITLE		L.J	L	2.2 NAME			_	-	
NAME STREET ADDRESS					* ADDRESS				
CITY-ST-ZIP				24 CIIY -					
TITLE			DELETE	3 1 11/16] Chan	ige Addition
NAME				3.2 NAME	[
STREET ADDRESS				33 STRE	EL ADDRESS				
CITY-ST-ZIP				3.4 CITY -	ST - ZiP		<u></u>		
TITLE			DELETE	4 ! TITLE				Char	nge 🔲 Addition
NAME]	4.2 NAME					
STREET ADDRESS	1		1	4.3 STREE	LADURESS				
CITY-ST-ZIP			55.516	4.4 CiTy				7 Char	nge 🔲 Addition
TITLE	:		DELETE	5 1 511.6	Į.		L	"I religi	ige L., Addition
NAME				5.2 NAME	1				
STREET ADDRESS			L		1 ADDRESS				
CITY - ST - ZIP			DELFTE	5.4 CITY 6.1 III_E			r	7 Char	nge 🗍 Addition
TITLE		ـــا	Detrit	62 NAME				_ •	,
NAME									
STREET ADDRESS					FLADORESS				
CITY · ST · ZIP	<u> </u>	n a service con	J	6 4 CHY		for the evaruation stated in Section 11	9.07(3)(k) Exc	rida S	tatutes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Fiorida 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 it marks under oath, that I am an officer or dilector 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 3 if changed, or on an attaching at with an archives.

GNATURE:

SIGNATURE AD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Take

Data Place K

SIGNATURE: