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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004323 (7)

PRO-SEARCH ASSOC., INC.

850 S.W. 4TH BOCA RATON		850 S.W. 4TH STREET BOCA RATON FL 33486			DO NOT WRI 3. Date Incorporated or Qualified 01/11/1996		PACE	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0642972			Not Applicat
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	5 Additional Required
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution		•	00 May Be led to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has	paid the curr	ent yea	r Intangible
24		29	30		Personal Property Tax due Ju		Yes	□ No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered A	gent	
SHAPIRO, MICHAEL B 7777 GLADES ROAD SUITE 200 BOCA RATON FL 33434		82						
			h				1==1 :	Zip Code
office or re	poistered agent, or both, in the State	e of Florida. Such chance was	authorized by	e-named cor v the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	FL e purpose of copt the appo	changir	ia its reaistera
office or re agent. I a	to the provisions of Sections 607.091 agistered agent, or both, in the State or familiar with, and accept the oblig Signature typed or provid now of register dues	e of Florida, Such change was gations of, Section 607.0505, F	rtes, the abov authorized by lorida Statute	e-named cor y the corpora s.	rporation submits this statement for the attion's board of directors. I hereby accurate when reinstating)	e purpose of	changir	ia its reaistera
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CITY-ST-ZIP 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, for on an attachment with an address.

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

61 IIILE

6.2 NAME

DELETE

DELETE

Change

Addition

Addition

FILED

Apr 13 1998 8:00am

Secretary of State