

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000011529 (0)**

1. Corporation Name

PROFESSIONAL LICENSE ASSISTANCE, INC.



Principal Place of Business 8275 S.W. 152ND AVENUE #403 MIAMI FL 33193	Mailing Address 8275 S.W. 152ND AVENUE #403 MIAMI FL 33193-4044
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2. Principal Place of Business 21 1150 Turtle Creek Blvd Suite, Apt. #, etc. 22 Suite 820 City & State 23 Naples, FL Zip 24 34110		2a. Mailing Address 26 1150 Turtle Creek Blvd Suite, Apt. #, etc. 27 Suite 820 City & State 28 Naples, FL Zip 29 34110		3. Date Incorporated or Qualified 02/06/1996		3a. Date of Last Report	
				4. FEI Number 65-0643738		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ELLINGSWORTH, W H 155 TONEY PENNA DRIVE #1B JUPITER FL 33458				10. Name and Address of New Registered Agent 81 Name Mark Rosenberg 82 Street Address (P.O. Box Number is Not Acceptable) 1150 Turtle Creek Blvd 83 Suite 820 84 City Naples FL 85 Zip Code 34110			
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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 Mark Rosenberg Mark Rosenberg DATE 4/3/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V
NAME	ROSENBERG, MARK	1.2 NAME	Rosenberg, Mark
STREET ADDRESS	% 8275 S.W. 152ND AVENUE #403	1.3 STREET ADDRESS	1150 Turtle Creek Blvd Suite 820
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	Naples, FL 34110
TITLE	D	2.1 TITLE	P
NAME	SIMMONS, MARK	2.2 NAME	Simmons, Mark
STREET ADDRESS	% 8275 S.W. 152ND AVENUE #403	2.3 STREET ADDRESS	1150 Turtle Creek Blvd Suite 820
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	Naples, FL 34110
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: Mark Rosenberg Mark Rosenberg DATE 4/3/97 DAYTIME PHONE 561-279-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

025577

CR2E034 (9/96)