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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000018409 (8)

1. Corporation Name
PROFESSIONAL GUESTS, INC.



Principal Place of Business
2960 VINELAND RD.
SUITE D
KISSIMMEE FL 34746

Mailing Address
2960 VINELAND RD.
SUITE D
KISSIMMEE FL 34746-5500

2. Principal Place of Business
21 2960 Vineland Rd.

Suite, Apt. #, etc.
22 Suite D

City & State
23 Kissimmee, Fl.

Zip
24 34746

Country
25 USA

2a. Mailing Address
26 7280 Springvilla Cir.

Suite, Apt. #, etc.

City & State
28 Orlando, Fl.

Zip
29 32819

Country
30

3. Date Incorporated or Qualified
03/01/1996

3a. Date of Last Report

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NELSON, BRUCE A JR.
1817 WILTON AVE.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BECKER, THOMAS T
STREET ADDRESS 131 SPRINGWOOD CIRCLE, #A
CITY-ST-ZIP LONGWOOD FL 32750 ☐ DELETE

TITLE D
NAME DICE, CLAYNE W
STREET ADDRESS 159 BISMARCK CT.
CITY-ST-ZIP OCOEE FL 34761 ☐ DELETE

TITLE D
NAME NELSON, BRUCE A JR.
STREET ADDRESS 1817 WILTON AVE.
CITY-ST-ZIP ORLANDO FL 32805 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Becker, Thomas T
1.3 STREET ADDRESS 4190 S. Kirkman Rd. #901
1.4 CITY-ST-ZIP Orlando, Fl. 32811

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Gush, Michael
4.3 STREET ADDRESS 7280 Springvilla Circle
4.4 CITY-ST-ZIP Orlando, Fl. 32819

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 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 *THOMAS T BECKER* 4/10/97 (407) 397-9393

CR2E034 (9/96)