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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027623 (3)

PROFESSIONALS FINANCIAL, INC.

4503 ASHFORD DRIVE WINTER HAVEN FL 33880		4503 ASHFORD DRIVE WINTER HAVEN FL 33880-1148				
						3. Date incorporated or Qualified 3a. Date of Last Report 03/25/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0657 850 Not Applicable
Suite Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip	Cou	ntry	·	Trust Fund Contribution Added to Fees
24	25	29	30	,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Currer					10. Name and Address of New Registered Agent
GAS	PARINO, ROBIN			81	Name	
	ASHFORD DRIVE		ŀ	82	Street A	Address (P.O. Box Number is Not Acceptable)
WINT	TER HAVEN FL 33880			83		,
					 .	
				84	City	85 Zip Code
otlice or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Stati	d by utes	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12.	Signature: typed or printed name of registered age	ent and to in applicable INOTE D DIRECTORS	f. Registered	Ager	nt signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT	i F	<u>-</u>	Change Addition
NAME	GASPARINO, ROBIN		1.2 NA			Vidigo Comon
STREET ADDRESS	4503 ASHFORD DRIVE				ADDRESS	
CITY-ST ZIP	WINTER HAVEN FL 33880		1.4 CIT		· ·	
TITLE		☐ DELETE	2 1 Til	_		Change Addition
NAME			22 NAME		1	
STHEET ADDRESS			23 STREE		ADDRESS	
City - S* - ZiP			2 4 CITY		T-ZIP	
TITLE		∐ DELETE	3.1 TiT			Change Addition
NAME			3.2 NA			
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP TITLE		DELETE	3.4 Ci 4.1 fit		T-ZIP	☐ Change ☐ Addition
NAME			4.2 NA			L Change Addition
STREET ADDRESS				-	ADDRESS	
CHTY - ST - ZiP			4.4 CIT			
TITLÉ			5.1 TiT			☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST6	REET #	ADDRESS	
CITY - ST - ZIP			5 4 CIT	Y-\$T	- 2IP	
TOTLE	DELETE		6 1 TIT	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAI	ME		
STREET ADDRESS			63 ST	REET A	ADDRESS	
CITY - S1 - ZIP	Land 6. Mark Alice 5. Co.		6 4 CIT	Y-ST	-ZIP	
informatio Lantiari ol	in indicated on this annual tenori or s	supplemental annual report is tr The receiver or trustee empowi	rue and a ered to e:	COLIF	rate and t	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

HOLD X X LAPUTURE)

1/20/97 (941)299-2186

FILED

Jan 28 1997 8:00am

Secretary of State