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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053378 (1)

PROFESSIONAL DEVELOPMENT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 05 1998 8:00am Secretary of State

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Trinoipal Tidos of Bosinoss		Maining Madress					
3610 SOLANA ROAD COCONUT GROVE FL 33133		3610 SOLANA ROAD COCONUT GROVE FL 33133				_	
					DO NOT WRITE IN THIS SPACE	E	
					3. Date Incorporated or Qualified 06/20/1996		
2. Principal Pl	lace of Business	2a. Mailing Address	. Mailing Address		4. FEI Number	Applied For	
21		26			65-0680804	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ 00	3.75 Additional	
City & State		27 Crty & State			5. Certificate of Status Desired	Fee Required	
23		28 City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the current y	ear Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent			
BRI	own, steven s		81	Name			
	IO SOLANA ROAD		99 Ctront Adv		ddraga (D.O. Day Aliyaha is Nist Assautable)		
	CONUT GROVE FL 33133		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
00	CONOT GROVE PE 33 133		83	<del> </del>			
			"				
			84	City	85	Zip Code	
				<u> </u>	FL   **		
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typical or printed name of registered ag	ent and title if applicable (NOT	If Registered Ag	ent signature requ	juiled when reinstaling) DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12	
TITLE	DP	☐ DELFTE	1.1 TITLE	<u> </u>		hange Addition	
NAME	BROWN, STEVEN S.		1.2 NAME			_	
STREET ADDRESS				1 ADDDCCC			
1	COCONUT GROVE FL		1.3 STREET ADDRESS				
CITY-ST-ZIP	VPD			SI - ZIP			
TITLE	L		2.1 TITLE			hange Addition	
NAME	BROWN, CATHERINE C.		2.2 NAME				
STREET ADDRESS	<b>36</b> 10 SOLANA RD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	COCONUT GROVE FL		2. 4 CITY-\$1-ZIP				
TITLE	☐ DELETE 3		3.1 TITLE		□ c	hange Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-7IP			
tiπL€		☐ DELETE	4.1 THLE		□ c	hange Addition	
NAME			4. 2 NAME		<del></del>	<del></del>	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 City - 5				
TITLE		DELETE	5.1 TITLE	21 · ZIF	Пе	hange Addition	
NAME		- Decert	5.2 NAME		٠		
			1	( 4 B D D C C C		みつ	
STREET ADDRESS			•	ADDRESS		5.5	
CITY-ST-ZIP		DESET	5.4 CITY - 5	51 - ZIP			
TITLE		L_ DELETE	6.1 TITLE		L C	•	
NAME			6.2 NAME		90000251256 -05/06/980101403	39	
STREET ADDRESS			6.3 STREET	ADORESS	-05/06/980101403	4	
CITY-ST-ZIP			6.4 CITY - 9	31-7IP			
14. I hereby co	ertify that the information supplied w	ith this filing does not qualify for	or the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify the	nat the information	
officer or o	on mis annual report of supplementa director of the corporation of the rec	aramuarrepore <b>is inte and acc</b> eiver or trustee empowered to	curate and the execute this	ai my signati report as rec	ure shall have the same legal effect as if made under or quired by Chapter 607, Florida Statutos; and that my nar	atn; that I am an me appears in	
Block 12 o	or Block 13 if changed, or on an alta	chiment with an address.		p	, v a complete and a contract of the first first first	30°	