SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DY/ON OR DEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION 6F CORPORATIONS

POCUMENT # **P96000078963** (1)

PROFESSIONAL FINANCIAL ADVISORS, INC.

FILED Aug 28 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	·	
4255 NW 26TH STREET	4255 NW 26TH STREET		
BOCA RATON FL 33434	BOCA RATON FL 33434		
	55077 7877 517 712 50757		DO NOT WRITE IN THIS SPACE
			3. Date incorporated or Qualified 3s. Date of Last Report
			09/23/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 4255 NW 26 COURT	26 4255 NW	126 COURT	65-0701278 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29	30	Personal Property Tax due June 30. 🔲 Yes 🔲 No
9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent
KLEIN, JEFFREY G		81 Name	A. 3
2600 N. MILITARY TRAIL			CONALD WHALEN ddress (P.O. Box Number is Not Acceptable)
SUITE 270			255 NW 26 COURT
BOCA RATON FL 33431		83	
500/1 14/1 O(1 1 E 0010 1			
		84 City	CA RATON FL 85 33434
M D	0.74500 5		7007 157 100 FL 22434
		lutes the shows named o	arcaration automite this etatament for the nursees of chamilies its registered
office or registered agent, or both, in the State of	≥ and 607.1508, Florida Sta of Florida. Such change wa	lutes, the above-named co is authorized by the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	itions of, Section 607.0505,	Florida Statutes.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	TOUR OF, Section 607.0505,	HALEN	PRESIDENT 8/7/97
SIGNATURE Signature, typed or printed name of registered agen	trions of, Section 607,0505, D.R. Will and title if applicable. (N	Florida Statutes. HAUEU IOTE: Registered Agent signature re	PRESIDENT 8/7/97 Quired when reinsteing) DATE
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable.	HALED IOTE: Registered Agent signature re	PRESIDENT 8/3/97 quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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4. 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.

CIGNIATUDE.

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