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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091672

Corporation Name

Principal Place of Business

PROFESSIONAL RESOURCE CENTER-PRC, INCORPORATED

			2518 EDGEWATER DRIVE					
ORLANDO F	1 32804		SUITE 1 ORLANDO FL 32804			DO NOT WRITE II	THIS SPACE	
US CITEMBO TE SECOT						3. Date Incorporated or Qualifed 11/04/1996	THIS OF ACE	
2. Principa	I Place of Business	2a. Maii	ling Address			4. FEI Number		Applied For
21		26	_			59-3412163	⊢	Not Applicable
	pt. #, etc.		e, Apt. #, etc.				\$8.75	Additional
22		27				5. Certifcate of Status Desired	•	Required
City & S	tate	City	& State			6. Election Campaign Financing	\$5.00	0 May Be
23		28			•	Trust Fund Contribution		to Fees
Zip	Country	Zip		Countr	y	This corporation owes the current y	ear Intangible	
24	25	29	30]	•	Personal Property Tax.	Yes	XINo
	9. Name and Address of Curren	t Registered	Agent			10. Name and Address of New Regis	tered Agent	
0.	OCH THOMAS DESCRIPTION	. 11.7	W. See	8	1 Name	•		
0150 01	SEN, THOMAS R	71.5	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	8	Street	Address (P.O. Box Number is Not Acceptable)		
2518 EDGEWATER DRIVE				"	oli eel	Address (F.O. Dox Number is Not Acceptable)	•	20212 18 1
SUITE 1				8	3		1 1 1 2	1.18.31.32
Of	RLANDO FL 32804			L_		The state of the s	F F	1414
				84	City		FI 85 Zip	Code
11. Pursua	int to the provisions of Sections 607.0502	2 and 607.15	08. Florida Statutes.	the abov	/e-named	corporation submits this statement for the purp	ose of changing it	s registered
office of	or registered agent, or both, in the State of am familiar with, and accept the obligate	of Florida. Su	ich change was autho	orized b	/ the corp	poration's board of directors. I hereby accept the	appointment as r	egistered
1 44		lions of, Sect	ion 607.0505, Flonda	Statute	5.			}
SIGNATUR	Signature, typed or printed name of registered agen	t and little if applic	able (NOTE: Rec	nieterert And	ont signature	required when reinstating) D	ATE	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D		DELETE	1.1 TITLE		1 :	☐ Change	
NAME .	OLSEN, THOMAS R			1.2 NAME		, ,		_
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CITY-ST-ZIP	ORLANDO FL			1.4 CITY-1				
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NAME			_	2.2 NAME			- •	
STREET ADDRE	22				T ADDRESS			
	~			Z.J STREE	I ADDINE GO			Ĩ
CITY-ST-ZIP				2.4.0004	CT 7IC			
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OTHER ADDOR			DELETE	3.1 TITLE 3.2 NAME			☐ Change	☐ Addition
STREET ADDRE			DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS		☐ Change	Addition
C/TY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	T ADDRESS		·	2.2 Sec.
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14. I 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 employed explose exploration to the corporation or the receiver or trustee employed exploration that my name appears in Block 12 or Block 13 if changed, or on an attachment with all address with all loner like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90020 025 ***150.00

CR2E034 (11/98)