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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Søndra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103121 (5)

FILED Mar 11 1998 8:00am Secretary of State

PROFESSIONAL BROKERS NEWORK, INC.					
Principal Place of Business Mailing Address				(TODISOD) SID LORSO BOSIS BOSIS BOSIS BUSIS BUSIS BUSIS	1988 HARD HIBIN HIDDI (1884 1886)
4328 BEAU RIVAGE CIRCLE LUTZ FL 33549-5352 LUTZ FL 33549-5352			E	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/01/1997	
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant. M. etc.		26		24-34169-24	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
SC	CHULL, JAMES A		81 Name		
4328 BEAU RIVAGE CIRCLE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
Lu	ITZ FL 33549-5352		83		······································
			63		
			84 City	=	85 Zip Code
11 Pursuan	t to the provisions of Sections 607.057	12 and 607 1508. Florida Statuto	s the above-named co		of changing its registered
office or	registered agont, or both, in the State	of Florida. Such change was a	uthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
1		ancius or, section 607,0505, Flo	noa statutes.		
SIGNATURE	Signature, typied or printed name of registered ag-	ent and title it applicable (NOTE	Registered Agent signature requ	ulred when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SCHULL, JAMES A		1.2 NAME		
STREET ADDRESS	1020 22 10 14 11 102		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LUTZ FL 33549-5352	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	D CAMPBELL, DONALD P		2.2 NAME	1 - 1	Sharige - Addition
STREET ADDRESS			2.3 STREET ADDRESS	TOU N'SHEATTER LAN	4F
CITY-ST-ZIP	LUTZ FL 33549-5352		2. 4 CITY - ST - ZIP	3/1/1/201/1/1/2/2/3/201/	57
TITLE	D	DELETE	3.1 TITLE	2004 - 11412 - 12 00 40	Change
NAME	PROUDFOOT, EDWIN V		3.2 NAME		6 .
STREET ADDRESS	1		3.3 STREET ADDRESS	40 N, KASTER ISLAM	2 CIRCLE
CITY-ST-ZIP	LONGWOOD FL 32750		3.4. CITY-ST-ZIP	ENCLEWING EL THATS	3
TITLE		☐ DECETE	4.1 TITLE	21101 11100011 01000	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		T Officia	5.1 TITLE		C cliarings C Modition
NAME execut appears			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CHTY-ST-ZIP TITLE	-				T 6
NAME		[] DELETE	6.1 TITLE		
I PEANIC		DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
		L DELETE	6.2 NAME		LI Change LI Addition
STREET ADDRESS		L] DELETE			Change Andition

4. I hereby certify that the inferention 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 suppliemental 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 thoreseiver distrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attacking, with an address.

CICMATUDE.

SJ-EPG-117, SPACIG , LIBARMAN A CLAMON