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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000026362 (8)

PROFESSIONALS PUBLISHING GROUP, INC.

Principal Place of Business 27116 SEABREEZE WAY	Mailing Address 27116 SEABREEZ
Principal Place of Business	Mailing Address

**FILED** May 07 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		l (GDI)AB) (10 1011) (ADI) abili abili belit beria libia bisba inia bishe nam	
27116 SEABREEZE WAY WESLEY CHAPEL FL 33543		27116 SEABREEZE WAY WESLEY CHAPEL FL 33543		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
		TA BANKA ANDRES		03/25/1997 4. FEI Number Applied For	
_	ace of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For	
Suite, Apt. 1	# etc	26		CR 75 Additional	
22		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 Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29 30	0	Personal Property Tax due June 30. MY Yes I No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	<u> </u>	
FINGER, DEREN A KONATO L. FINALK					
	16 SEABREEZE WAY		82 Street	Address (P.O. Box Number is No Acceptable)	
WES	SLEY CHAPEL FL 33543		83 .	3 11211112 2 2 1 .	
			84 City	taines City FL 85 33844	
At Discount to the purpose of Continue COZ 0000 and COZ 4500. Elevide Classica, paged according submits this statement for the purpose of changing its registered					
office or registered egent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and appear the obligations of. Section 607.0505, Florida Statutes.					
SIGNATURE 4/20/98					
	Signature, typed or printed name of high-feed ac		<del></del>	e required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE		ID DIRECTORS DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
RAME	D Finger, Derek A		1,2 NAME	_ , ,	
STREET ADDRESS	27116 SEABREEZE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		1.4 CITY - ST - ZIP	<b>1</b>	
TITLE	D	DELETE	2.1 THILE	Change Addition	
NAME	FINGER, RONALD L		2.2 NAME	Finger, Konald L	
STREET ADDRESS	2710 BERRYKNOLL PLACE		2.3 STREET ADDRESS	35 Huntley CT	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP	Haines City FL 33841	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition	
TITLE		L'I DETETE	4.1 UILE 4. 2 NAME	TH CHIMPS THE LOCATION	
NAME			4. 2 NAME  4.3 STREET ADDRESS		
STREET ADDRESS			4.4 City-St-Zip		
CITY+ST-ZIP TITLE		☐ DELETE	5.1 THILE	Change Addition	
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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, of on an attachmost with an address.

412 0/00 (pro)(a)-1511