


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 05 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000086758 (4)
 1. Corporation Name
PROFESSIONAL IMPROVEMENT CORP



Principal Place of Business 614 CONCORD ST. PALM BAY FL 32907	Mailing Address 614 CONCORD ST. PALM BAY FL 32907
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 614 CONCORD ST	2a. Mailing Address 26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 PALM BAY	City & State 28
Zip 24 32907	Country 25 FLORIDA
29	30

3. Date Incorporated or Qualified 10/08/1997	
4. FEI Number 59-3482000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GENTILE, STEPHEN A 614 CONCORD ST. PALM BAY FL 32907	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Stephen A Gentile **STEPHEN A GENTILE** 7-7-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHEN A GENTILE		1.2 NAME	
STREET ADDRESS 614 CONCORD ST		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY 32907		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	800002609578
STREET ADDRESS		5.3 STREET ADDRESS	-08/06/98--01064--041
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***158.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE: Stephen A Gentile **STEPHEN A GENTILE** 1-407723-8222

CR2E034 (5/98)

(2)

TO WHOM IT MAY CONCERN
THIS IS STEPHEN A GENTILE
PRESIDENT OF PROFESSIONAL IMPROVEMENTS.
I RECEIVED MY CORPORATION'S PAPERS
IN THE MAIL, THEY WERE SECOND NOTICE
PAPERS. I NEVER RECEIVED MY 1ST RENEWAL
PAPERS IN THE MAIL. I ALWAYS PAY
MY BILLS ON TIME ESPECIALLY MY
COMPANY BILLS. I DON'T SEE WHY I
SHOULD PAY A PENALTY LATE FEE
FOR SOMETHING I HAD NO CONTROL
OVER I HOPE THIS STRAIGHTENS
EVERYTHING OUT THANK YOU
STEPHEN A GENTILE