

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

FILED  
Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000096193 (2)**  
1. Corporation Name

**PROFESSIONAL CLUB SERVICES OF AMERICA, INC.**



Principal Place of Business <b>7550 SUNSHINE SKYWAY LANE T43 ST. PETERSBURG FL 33711</b>	Mailing Address <b>7550 SUNSHINE SKYWAY LANE T43 ST. PETERSBURG FL 33711</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1403 Embassy Woods Blvd</b>		2a. Mailing Address 26 <b>1403 Embassy Woods Blvd</b>		3. Date Incorporated or Qualified <b>11/12/1997</b>	
Suite, Apt. #, etc. 22 <b>NAPLES, FL 34104</b>		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3477786</b>	
City & State 23		City & State 28 <b>NAPLES FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>34103</b>		Country 25 <b>Pineellas</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 29 <b>34104</b>		Country 30 <b>Pineellas</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPEECHLY, C S JR  
7550 SUNSHINE SKYWAY LANE T43  
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 **C.S. SPEECHLY, JR** **1/8/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SPEECHLY, C S JR	1.2 NAME	
STREET ADDRESS	7550 SUNSHINE SKYWAY LANE T43	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	SARVER, JOHN C	2.2 NAME	
STREET ADDRESS	9232 PINEAPPLE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33912	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	SARVER, ROBERT L II	3.2 NAME	
STREET ADDRESS	9232 PINEAPPLE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL 33912	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: **C.S. SPEECHLY, JR** **1/8/98**  
Signature typed or printed name of signing officer or director Date Daytime Phone # 0393698

CR2E034 (10/97)