PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Hamis :

Secretary of State **DIVISION OF CORPORATIONS**



DOCUMENT # P98000041575						
1. Corporatio	Y PROFESSIONAL'S INC.					
Principal Plac	ce of Business	Mailing Address		I (\$91801) \$10 10101 1045 \$0111 06111 60111 80111 80111 8504	(TIORE DITAL HONDY DYEL HOLD	
8051 PALM TR	TACE LANDINGS DR. #303	6051 PALM TRACE LANDING	S DR., #303			
DAVIE FL 3331	14	DAVIE FL 33314		DO NOT WRITE IN THIS SP	PACE	
				3, Date Incorporated or Qualifed		
0.000-0-00	No. of Durley and	2a. Mailing Address		05/06/1998 4. FEI Number	Applied For	
2. Principal Place of Business 21. 9262-C Boca Gardens Phwy 26 9262-C Boca G			mordens Pku	1 "	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22 City & Stat	· · · · · · · · · · · · · · · · · · ·	27 Ch. 4 State			Fee Required	
23 Boca	Raton Fi	28 Boca Rator	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zlp	Country	j Zip •	Country	8. This corporation owes the current year Intang		
24 33 4			10 Haym Back	Personal Property Tex. 10. Name and Address of New Registered Age	Yes No	
	9. Name and Address of Current	Registered Agent	81 Name			
			82 Street	Sarylra Hiebert Address (P.O. Box Number is Net Acceptable)		
6051 PALM TRACE LANDINGS DR., #303				9262-CBoca Gardens Pku	р у	
DAV	/IE FL 33314		83			
			84 City		3349/	
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						
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	' Flonda. Such chande was aut	inonzea by the corpo	oration's board of directors. I hereby accept the appointm	ent as registered	
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\$IGNATURE	Saxdia Q7	ons or, section 507.0505, Flore	da Statutes.	1-26-99	:	
SIGNATURE	Landin OC	ons of, Section 807.0505, Floric and the #applicable. (NOTE: R	lagistered Agent eignsture n	iqueed when reinstating)		
]	Signature, typed or printed name of registrated agent a OFFICERS AND	ons of, Saction 607.0505, Florid Ind the #applicable. (NOTE: R	lagistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND E	DIRECTORS IN 12 Change Addition	
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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 eath; 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, with all other like empowered.

CR2E034 (11/98)