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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S05071

PROFESSIONAL ASSISTANTS PRN, INC.

	Principal Place	e of Business	Mailing Address				
US	441 CANDELWOOD LANE						•
2. Principal Place of Business   2a    Mailing Address   2a    Mailing Addre	NAPLES FL 34110						DO NOT WRITE IN THIS SPACE
Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applicable   59-2769680   Not Applicable   Suite, Aprt. #, etc.   59-2769680   Not Applicable   Suite, Aprt. #, etc.   77   Suite   59-2769680   Not Applicable   Suite, Aprt. #, etc.   77   Suite   59-2769680   Suite, Aprt. #, etc.   78   Suite   59-2769680   Suite, Aprt. #, etc.   77   Suite   59-2769680   Suite   59-276960   Suite   5	US		US				
2. Principal Place of Business   2. Mailing Address   4. FER Number   59-2769680   Applied For 59-2769680   Not Applied For 59-2769680   Selection of Status Desired   Fee Required   Selection of Status Desired   Fee Required   Fe							,
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S. Certificate   Fee Required   Fe	Euita Ant	# 616					
City & State    City & State	<b>-</b>	#, etc.	- <del> </del>				LE Conficente of Status Desired
Tust Fund Centrollution   Added to Fees   Added to Fees   Tust Fund Centrollution   Added to Fees   Added to Fees   Tust Fund Centrollution   Tust Fund Fund Fund Fund Fund Fund Fund Fund							
Typ   Country   Zip   Country   Zip   Country   Zip   Country   St. This corporation owes the current year intangible   Personal Property Tax.   Was   No.   Name and Address of Current Registered Agent   St. Name and Address of New Registered Agent   St. Name   Name and Address of New Registered Agent   St. Name   St. Name   Name and Address of New Registered Agent   St. Name   St. Name   Name and Address of New Registered Agent   St. Name   Name and Address of New Registered Agent   Name   Name and Address of New Registered Agent   Name	¬ '	e	<u> </u>				, ,
3. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  82. Street Address (P.O. Box Number is Not Acceptable)  83. Street Address (P.O. Box Number is Not Acceptable)  84. City  85. Street Address (P.O. Box Number is Not Acceptable)							
9. Name and Address of Current Registered Agent  MACRIS, STEVEN W. 609 S. TAMIAMI TRAIL VENICE FL 34285  81  82  Sireet Address (P.O. Box Number is Not Acceptable)  83  84  City  FL 85  84  City  FL 85  85  Edition of Provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In mindfair with, and accept the obligations of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In mindfair with, and accept the obligations of Sections 607.0505 Florida Statutes, the obove-named corporation submits this statement for the purpose of changing its registered agent. In mindfair with, and accept the obligations of Sections 607.0505 Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DD  DUNSCOMBE, ALTHEA R  12. NAME  13. STREET ADDRESS  OTH ST.2P  DUNSCOMBE, ALTHEA R  14. CANDELWOOD LANE  13. STREET ADDRESS  OTH ST.2P  DELETE  14. TITLE  DELETE  21. TITLE  DELETE  31. STREET ADDRESS  OTH ST.2P  TITLE  DELETE  32. STREET ADDRESS  OTH ST.2P  TITLE  DELETE  33. STREET ADDRESS  OTH ST.2P  DELETE  44. TITLE  DELETE  34. CITY-ST.2P  TITLE  DELETE  44. TITLE  DELETE  35. STREET ADDRESS  35. ST	<b>–</b>						<b>₩</b>
MACRIS, STEVEN W. 609 S. TAMIAMN TRAIL VENICE FL 34285  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City FL 85 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 City FL 86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80	24			30			Torsonar reporty to
MACRIS, STEVEN W. 699 S. TAMIAMI TRAIL VENICE FL 34285  83  44 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Priorida Statutes.  SIGNATURE Signatura, hyerid or primier return of registered agent and accept the obligations of, Section 607.0505, Priorida Statutes.  SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE 14. CITY-ST-2P 15. TITLE 1		9. Name and Address of Currer	it Registered Agent		81	Name	to. realite and Address of Non Rogaris as Agent
Signatural to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing fits registered diffice or registered agent, or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered diffice or registered agent, or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signatural typic or prince raises of registered agent and the if applicable. (PICTE. Registered Agent signature registered prince agent signature registered agent agent and the reministery)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE 1.3 TITLE  DELETE 2.1 TITLE  DELETE 2.1 TITLE  DELETE 2.1 TITLE  DELETE 2.1 TITLE  DELETE 3.1 TITLE  DELETE 4.1 TITLE  DELETE 4.1 TITLE  DELETE 5.1 TITLE 5.1 TITLE  DEL	ΛΔM	RIS STEVEN W					
VENICE FL 34285    83					82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions S07 0502 and S07 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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, 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 and accept the obligations of, Saction 807 0505, Florida Statutes.  SIGNATURE    12.					02		
T. 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 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12.	ACIA	ICE FE 34203			83		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floridal Statutos, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, and affine the purpose of changing its registered agent, and affine the purpose of changing its registered agent. I and familiar with, and accept the obligations of, Section 607,0515, Florida Statutos.  SIGNATURE    OFFICERS AND DIRECTORS   13.    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.					84	City	a5 Zip Code
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12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or r	egistered agent or both in the State	of Florida. Such change was au	tnonzec	וו אכוו	ne corpora	ation's board of directors. I hereby accept the appointment as registered
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	CITY-ST-ZIP						Continue 440 07/2V/2 Floride Consultant Lands and the later and the

Interest certify that the information supplied with first single goes 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, with all other like empowered.

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90152 004 \*\*\*150.00