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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

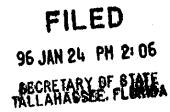
V01996

(0)

PROFESSIONAL REALTY SERVICES OF VERO, INC.

Principal Place of Business Mailing Address

9300 NORTH A1A SHITE 101





	ACH FL 32963	VERO BEACH FL 32963								
						3. Date Incorporated or Qualified 12/20/1991	3a. Date o	of Last Re 3/23/19		
1	Place of Business	2a. Mailing Address				4. FEI Number		\longrightarrow	Applied For	
21		26				65-0310012		~~~	Vot Applicable	
Suite, Apt 22	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required	
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			May Be	
, <i>Z</i> ip	Country	Zip	Co	untry		8. This corporation has liability for in	ntangible tax	under s	199.032	
24	25	29	30	· • · · · · · · · · · · · · · · · · · ·		Florida Statutes Yes				
	9. Name and Address of Current	Registered Agent	·-··-	81	Nome	10. Name and Address of New R	egistered A	gent		
- 111	10. 04.01.1			"	Name					
	EVANS, RALPH L.				82 Street Address (P.O. Box Number is Not Acceptable)					
	CARDINAL DRIVE									
VEHC	DIBEACH FL 32963			83						
				84	City		FL	85 Zip	Code	
11 Purcuso	to the provisions of Sections 607.0502	and 607 1509 Florida Statutor	tho ab		mod corpora	ation submits this statement for the nur		l l	opiotored office	
or regist	ered agent, or both, in the State of Florida with, and accept the obligations of, Section	a. Such change was authorize	d by the	corpor	ration's board	d of directors. I hereby accept the appo	intment as r	egistered	agent. I am	
SIGNATURE		,	E. Daniet	d Anner	signature required		DATE			
12.	OFFICERS AND		13.	- Agent	ignarure required	ADDITIONS/CHANGES TO OFFI		DIRECTO:	RS IN 12	
THE	DP	DELETE		TITLE		7.00.00.00.00.00.00.00.00.00.00.00.00.00	·	Change	Addition	
NAME -	WATERMAN, WILLIAM		1.21	NAME			_	-	_	
STREET ADDRESS	4444 NAME I 444 APP 444		1	STREET A	DDRESS					
CITY - ST - ZIP	VERO BEACH FL		1.40	CITY-ST-	. 7IP				•	
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NAME	WATERMAN, SHARMAN		221	NAME		4UUL 007007	OC ON	ill (554 334	
STHEET ADDRESS	9300 NORTH A1A, STE 101		23\$1		DORESS	-02/06/ ****20	2001	իրուսում։ Դի յ	መኒያው መኔ	
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NAME	WATERMAN, WILLIAM		3.2 6	NAME						
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11"LF		DELETE	4.1	TITLE) Change	☐ Addition	
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STREET ADDRESS			4.3 S	STREET A	DDRESS					
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CITY - ST - ZIP		data davin dilippo in continua allo di ili		CITY - ST-		T	07(0)(6) 5(J- 6:		
certify the oath; that	eby certify that the information supplied what the information indicated on this annual than an officer of director of the cyclon	iun uns illing is voluntanly furnis al report or supplemental annul ation or the receiver or trustee	al report empowe	i uoes is true ared to	not quality for and accurate execute this	ir the exemption stated in Section 119.0 e and that my signature shall have the specified by Chadter 6077Fk.	אנטאנא), Florii same legal e xida Statute:	ua Statuti ffect as if s: and the	es, i turther made under it my name	

SIGNATURE:

appears in Block 12 or Block

SILLILM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR