

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

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V20852 (2)
1. Corporation Name
PROFESSIONAL MANAGEMENT ASSOCIATION SYSTEMS, INC



Principal Place of Business
3930 CRYSTAL LAKE DR.
SUITE 312
POMPANO BEACH FL 33064

Mailing Address
3930 CRYSTAL LAKE DR.
SUITE 312
POMPANO BEACH FL 33064-0803

3. Date Incorporated or Qualified 03/13/1992
3a. Date of Last Report 03/19/1996

2. Principal Place of Business
21 2310 N.E. 33RD STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 2310 N.E. 33RD STREET
Suite, Apt. #, etc.

4. FEI Number 65-0396276
Applied For Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
LIGHTHOUSE POINTE FL

28 City & State
LIGHTHOUSE POINTE FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33064 25 Country BROWARD

29 Zip 33064 30 Country BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAILEY, NANCY KAY
3930 CRYSTAL LAKE DR
SUITE 312
POMPANO BEACH FL 33064

81 Name DAILEY, NANCY KAY
82 Street Address (P.O. Box Number is Not Acceptable) 2310 N.E. 33RD STREET
83
84 City LIGHTHOUSE POINTE FL 85 Zip Code 33064

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 Nancy Kay Dailey - NANCY KAY DAILEY - PRES 9-14-97
Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE
NAME DAILEY, NANCY KAY
STREET ADDRESS 3930 CRYSTAL LAKE DR, SUITE 312
CITY-ST-ZIP POMPANO BEACH FL 33064

1.1 TITLE PST ☒ Change ☐ Addition
1.2 NAME DAILEY, NANCY KAY
1.3 STREET ADDRESS 2310 N.E. 33RD STREET
1.4 CITY-ST-ZIP LIGHTHOUSE POINTE FL 33064 ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 [Signature] 9-14-97

CR2E034 (9/96)