

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36919** (1)

1. Corporation Name

PROJECT RESPONSE, INC.



Principal Place of Business

Mailing Address

745 S APOLLO BLVD
MELBOURNE FL 32901
US

745 S. APOLLO BLVD
MELBOURNE FL 32901
US

3. Date Incorporated or Qualified 03/05/1990	3a. Date of Last Report 01/31/1995
4. FEI Number 59-3036563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEVIS, JIMMIE N.
1307 ST. ANDREWS DRIVE
ROCKLEDGE FL 32955**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVIS, JIMMIE N.	1.2 NAME	Gonzalez, Adela V.
STREET ADDRESS	601 EAST NEW HAVEN AVE.	1.3 STREET ADDRESS	700. Wavercrest Avenue - #201
CITY - ST - ZIP	MELBOURNE FL	1.4 CITY - ST - ZIP	Indianantic, FL 32903
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, SCOTT	2.2 NAME	Wilson, Nancy
STREET ADDRESS	121 W. ROBINSON STREET	2.3 STREET ADDRESS	4000 Old Settlement Road
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Merritt Island, FL 32952
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, DOROTHY	3.2 NAME	
STREET ADDRESS	1725 PALMER LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERWOOD, JOE	4.2 NAME	
STREET ADDRESS	3455 FLOUNDER CREED RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIMS FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAGAVATI, MA JAYA	5.2 NAME	
STREET ADDRESS	1115 ROSELAND ROAD - UNIT 11	5.3 STREET ADDRESS	
CITY - ST - ZIP	SEBASTIAN FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERONE, JR. G	6.2 NAME	
STREET ADDRESS	1300 36TH STREET, SUITE D	6.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jimmie N. Bevis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 (407) 24-9779
Date Day/Time/Phone

CR2E037 (12/95)