

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 018 ****70.00

DOCUMENT # N10893

1. Corporation Name

PROJECT RETURN, INC.

Principal Place of Business

304 W WATERS AVE
TAMPA FL 33604

Mailing Address

304 W WATERS AVE
TAMPA FL 33604

119635 90086 18



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/28/1985

4. FEI Number

59-2612753

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ZUSMAN, DEBORAH
1304-B WEST WATERS AVE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE PD
NAME LEIMAN, DEBORAH D.
STREET ADDRESS 3604 W. SAN JUAN ST.
CITY-ST-ZIP TAMPA FL
X DELETE

TITLE TD
NAME SETZER, JOHN D.
STREET ADDRESS 818 BAYSIDE DRIVE
CITY-ST-ZIP TAMPA FL
X DELETE

TITLE SD
NAME STECK, BARBARA
STREET ADDRESS 202 N GRADY AVE
CITY-ST-ZIP TAMPA FL 33609
DELETED

TITLE MD
NAME ZUSMAN, DEBORAH
STREET ADDRESS 1304-B WEST WATERS AVE
CITY-ST-ZIP TAMPA FL 33604
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LARRY MORGAN
1.3 STREET ADDRESS 16312 AVILA BLVD.
1.4 CITY-ST-ZIP TAMPA, FL 33613
Change Addition X

2.1 TITLE VD
2.2 NAME AARON A. SMITH
2.3 STREET ADDRESS 61001 ORANGEWOOD TER.
2.4 CITY-ST-ZIP TAMPA, FL 33610
Change Addition X

3.1 TITLE TD
3.2 NAME RONELLE STONE
3.3 STREET ADDRESS 1003 SAGO PALM WAY
3.4 CITY-ST-ZIP APOLLO BEACH, FL 33572
Change Addition X

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

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

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

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 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, with all other like empowered.

SIGNATURE: *Deborah Zusman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

813-933-2790

Daytime Phone #

CR2E037 (11/98)