

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

**FILED**  
**May 13 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 # K09734 (0)**  
 1. Corporation Name  
**PROSIM, INC.**



Principal Place of Business Mailing Address  
**4922 CYPRESS TRACE DR TAMPA FL 33624** **4922 CYPRESS TRACE DR TAMPA FL 33624-6908**

3. Date Incorporated or Qualified **12/30/1987** 3a. Date of Last Report **05/01/1996**

|   |  |                        |  |  |  |                              |  |
|---|--|------------------------|--|--|--|------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 4. FEI Number  |  | Applied For                  |  |
| 21 Suite, Apt. #, etc.                          |  | 26 Suite, Apt. #, etc. |  | 59-2867499   |  | Not Applicable               |  |
| 22 City & State                                 |  | 27 City & State        |  | 5. Certificate of Status Desired                       |  | 8.75 Additional Fee Required |  |
| 23 Zip Country                                  |  | 28 Zip Country         |  | 6. Election Campaign Financing Trust Fund Contribution |  | 5.00 May Be Added to Fees    |  |
| 24  |  | 25                     |  | 29   |  | 30                           |  |
| 8. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent           |  |                              |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 8. Name and Address of Current Registered Agent                                   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>KELLY, PATRICK J.</b><br><b>4922 CYPRESS TRACE DR</b><br><b>TAMPA FL 33624</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL  |  |  |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |  |
|----------------------------|-----------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE                      | DPS                   | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | KELLY, PATRICK J.     |                                 |  | 1.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 4922 CYPRESS TRACE DR |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | TAMPA FL              |                                 |  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | DVT                   | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | KELLY, SILVIA         |                                 |  | 2.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 4922 CYPRESS TRACE DR |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | TAMPA FL              |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | 3.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | 3.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | 4.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | 4.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | 5.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | 5.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                       | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                       |                                 |  | 6.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                       |                                 |  | 6.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                       |                                 |  | 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 **PATRICK J. KELLY** PATRICK J. KELLY (PRESIDENT) 11/2/07 8320197075

CR2E034 (9/96)