

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K51412 (0)

1. Corporation Name
PRTL, INC.



Principal Place of Business 867 W. HWY 434 LONGWOOD FL 32750 US	Mailing Address 2431 ALOMA AVE #221 WINTER PARK FL 32782-2500 US
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3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2919271	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Sube, Apt #, etc DAVID S. PIERCEFIELD, P.A.	26. Sube, Apt #, etc DAVID S. PIERCEFIELD, P.A.
22. City & State 230 LOOKOUT PLACE, SUITE 200	27. City & State 230 LOOKOUT PLACE, SUITE 200
23. Zip MAITLAND, FLORIDA 32751	28. Zip MAITLAND, FLORIDA 32751
24. Country	30. Country

9. Name and Address of Current Registered Agent PIERCEFIELD, DAVID S. 2431 ALOMA AVE DAVID S. PIERCEFIELD, P.A. 07E 221 230 LOOKOUT PLACE, SUITE 200 WINTER PARK FL 32782 MAITLAND, FLORIDA 32751	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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	412 Summit Ridge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, PATRICK N.	1.2 NAME	Place, #304
STREET ADDRESS	1700 MARKHAM GLEN CIRCLE	1.3 STREET ADDRESS	Longwood FL 32779
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, REHANA	2.2 NAME	Same As ABOVE
STREET ADDRESS	1700 MARKHAM GLEN CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD 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	000002153270
STREET ADDRESS		6.3 STREET ADDRESS	-04/24/97--01014--016
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***165.00

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 N. Sebastian **REHANA SEBASTIAN** **11 APR 97** **407-767-0926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT/SECRETARY** Date Daytime Phone #

CR2E034 (9/96)