

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L37476 (3)  
1. Corporation Name  
PRO-KAP SERVICES, INC.



Principal Place of Business Mailing Address  
C/O MARK DEIGHTON  
4214 N. TRASK STREET  
TAMPA FL 33614-4734  
C/O MARK DEIGHTON  
4214 N. TRASK STREET  
TAMPA FL 33614-4734

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 C/O Mark Deighton		26 C/O Mark Deighton		12/18/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 5501 - 28 Street N. Suite 11		27 5501 - 28 Street N. Suite 11		59-2984805	
City & State		City & State		Applied For	
23 St. Petersburg, FL		28 St. Petersburg, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33714		29 33714		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEIGHTON, MARK  
4214 N. TRASK ST.  
TAMPA FL 33614-4734

81 Name Deighton, Mark  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 5501 - 28<sup>th</sup> Street North Suite 11  
84 City St. Petersburg FL 85 Zip Code 33714

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

N/A  
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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEIGHTON, MARK	1.2 NAME	
STREET ADDRESS	4214 N. TRASK ST.	1.3 STREET ADDRESS	5501 - 28 <sup>th</sup> Street North Suite 11
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33714
TITLE	DVT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEIGHTON, EIKE	2.2 NAME	
STREET ADDRESS	4214 N. TRASK ST.	2.3 STREET ADDRESS	5501 - 28 <sup>th</sup> Street North Suite 11
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33714
TITLE		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		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	800002517168
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/08/98--01071--018
TITLE		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 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:

Handwritten signature

1/24/98

CR2E034 (10/97)