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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

813-576-6424

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name L63865

(4)

PROSPECT PARTNERS, INC. Principal Place of Business Mailing Address 2325 ULMERTON ROAD #20 CLEARWATER FL 34622 3373										
					······································	3. Date Incorporated or Qualified 03/30/1990		ite of Last Ro 01/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For Not Applicable		
Suite, Apt	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			59-3012240		\$8.75 Additional		
22		27				5. Certificate of Status Desired		Fee Re	-	
City & State	е	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	Cov	ntry		8. This corporation has liability for in	ntangible Yes	tax under s. No	. 199.032,	
24	9. Name and Address of Curre	29 nt Registered Agent	30			Florida Statutes L 10. Name and Address of New Reg				
D II			······································	81	Name	1At				
BULLARD, FRED B. JR. 2325 ULNERTON ROAD				82	Piccot Address (F.O. Day Number in Net Assessable)					
SUITE 20				02	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	ARWATER FL 34622			83						
•	· · · · · · · · · · · · · · · · · ·			84	City			85 Zip (Code	
					•		FL			
agent. I a SIGNATURE	Signature, typed or printed name of registered ag				s. Int signature require	oration submits this statement for the pon's board of directors. I hereby accept divine the property of the pr	DATE			
TITLE		DP DELETE 1.1		1.1 TITLE 1.2 NAME		ADDITIONOS OFFICE STORY	LING ALL	Change	Addition	
NAME	_ _ '							·		
STREET ADORESS	2325 ULMERTON RD, #20		1.3 S1	REET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34622			1.4 CiTY-ST-ZIP						
TITLE			2.1 Tr	2.1 TITLE				Change	Addition	
NAME	PARRY, EDWARD H		2.2 M							
STREET ADDRESS	2325 ULMERTON ROAD, #20				ADORESS					
C/TY-ST-ZIP	CLEARWATER FL 34822	L DELETE			ST-ZIP	1:		Change	Addition	
TITLE	DELETE		31 TI 32 N/			,		mi Amainha	L HOURDE	
NAME STREET ADDRESS					ADDRESS					
STREET ADDRESS CITY-ST-ZIP					ST-ZIP					
TITLE	······································			TITLE				☐ Change	Addition	
NAME			4. 2 N					-		
STREET ADDRESS			4.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-S	T - ZIP					
TITLE		☐ DELETE	5.1 11	TLE				☐ Change	Addition	
NAME			5.2 N/	AME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP					1 - ZIP	☐ Change ☐ A			Addition	
TITLE				.1 TITLE .2 NAME				T CHAIR	ADURIDIT	
NAME					ADDRESS					
STREET ADDRESS										
14. I do heret	L by certify that the information supplie	ed with this filing does not quali	6.4 Cl	exe	mption stated	in Section 119.07(3)(i), Florida Statutes	s. I further	certify that	the	
informatio	on indicated on this annual report or	supplemental annual report is t or the receiver or trustee empoy	true and a vered to e	SCCU	rate and that r	my signature shall have the same lega as required by Chapter 607, Florida S	l effect as	if made und	der oath; that	