

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 AM 10:17

DOCUMENT # N36919 (1)

1. Corporation Name
PROJECT RESPONSE, INC.

Principal Place of Business Mailing Address
745 S APOLLO BLVD 745 S APOLLO BLVD
MELBOURNE FL 32901 MELBOURNE FL 32901
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/05/1990 05/01/1994
4. FEI Number Applied For
59-3036563 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BEVIS, JIMMIE N.
1307 ST. ANDREWS DRIVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BEVIS, JIMMIE N.
STREET ADDRESS 601 EAST NEW HAVEN AVE.
CITY-ST-ZIP MELBOURNE FL 32902
TITLE VD
NAME CARTER, SCOTT
STREET ADDRESS 121 W. ROBINSON STREET
CITY-ST-ZIP ORLANDO FL 32801
TITLE D
NAME BOWMAN, DOROTHY
STREET ADDRESS 1725 PALMER LANE
CITY-ST-ZIP ROCKLEDGE FL 32955
TITLE TD
NAME CALDERWOOD, JOE
STREET ADDRESS 3455 FLOUNDER CREEK RD
CITY-ST-ZIP MIMS FL 32754
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME Ma Jaya Bhagavati
1.3 STREET ADDRESS 1155 Roseland Road - Unit 11
1.4 CITY-ST-ZIP Sebastian, FL 32958
2.1 TITLE Change Addition
2.2 NAME Dr. Gerald Pierone, Jr.
2.3 STREET ADDRESS 1300 36th Street, Suite D
2.4 CITY-ST-ZIP Vero Beach, FL 32960
3.1 TITLE Change Addition
3.2 NAME Barbara Berman
3.3 STREET ADDRESS 650 N. Atlantic Avenue, Box 6
3.4 CITY-ST-ZIP Cocoa Beach, FL 32931
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jimmie N. Bevis 1-23-95 (407) 734-9229
DATE: _____