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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36919** (1)

1. Corporation Name

PROJECT RESPONSE, INC.



Principal Place of Business	Mailing Address
745 S APOLLO BLVD MELBOURNE FL 32901 US	745 S. APOLLO BLVD MELBOURNE FL 32901-1457 US

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

3. Date Incorporated or Qualified 03/05/1990	3a. Date of Last Report 02/08/1996
4. FEI Number 59-3036563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	601 EAST NEW HAVEN AVE.
83	
84 City	MELBOURNE
85 Zip Code	FL 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	BEVIS, JIMMIE N.	1.2 NAME	BEVIS
STREET ADDRESS	601 EAST NEW HAVEN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	32901
TITLE	VD	2.1 TITLE	VD
NAME	CARTER, SCOTT	2.2 NAME	CARTER
STREET ADDRESS	121 W. ROBINSON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32801
TITLE	D	3.1 TITLE	S
NAME	GONZALEZ, ADELA V.	3.2 NAME	WILSON, NANCY
STREET ADDRESS	700 WARECREST AVENUE 201	3.3 STREET ADDRESS	4000 OLD SETTLEMENT RD.
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	TD	4.1 TITLE	D
NAME	CALDERWOOD, JOE	4.2 NAME	TILLER, MARTHA
STREET ADDRESS	3455 FLOUNDER CREED RD	4.3 STREET ADDRESS	610 MAGNOLIA AVE.
CITY-ST-ZIP	MIMS FL	4.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D	5.1 TITLE	D
NAME	BHAGAVATI, MA JAYA	5.2 NAME	MULLIGAN, BARBARA
STREET ADDRESS	1115 ROSELAND ROAD - UNIT 11	5.3 STREET ADDRESS	1700 N. ATLANTIC AVE. #111
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	CDCOA BEACH, FL 32931
TITLE	D	6.1 TITLE	D
NAME	PIERONE, JR. G	6.2 NAME	MAZYCK, WILLIAM L.
STREET ADDRESS	1300 36TH STREET, SUITE D	6.3 STREET ADDRESS	1220 YACHT CLUB BLVD.
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 2.21.97 1149624-9774

CR2E037 (9/96)