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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Feb 18 1998 8:00am Secretary of State

R.J. PROSSEN, INC.			 	
Principal Place of Business	Mailing Address		- 1 10011001 115 00111 00110 51011 00110 0111 05011 010	ikk bibih bibih bibih bibih ibbi
6604 Harney Road Ste D Tampa Fl 33610	6604 HARNEY STE D TAMPA FL 33610		DO NOT WRITE IN THIS	S SPACE
US	U\$		3. Date incorporated or Qualified 12/08/1983	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		39-1137070	Not Applicable
Suite, Apt #, etc SUITE K	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25		ountry	This corporation owes or has paid the corporation owes. Output Description Output Descr	urrent year Intangible
g, Name and Address	of Current Registered Agent		10. Name and Address of New Registered	d Agent
PROSSEN, RAYMOND J.		81 Name		_
Zip Country Zip 24 25 29 29 9, Name and Address of Current Registered Agent			ess (P.O. Box Number is Not Acceptable)	
		83		

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

City

SIGNATURE	m familiar with, and accopt the obligations of, Se				
SIGNATURE	Signatore, typod or ponted name of regestered agent and title stapp	heable (NOT	L. Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12
TITLE	PTD	DELETE	1.1 TITLE	☐ Change	Addition Addition
NAME	PROSSEN, RAYMOND J.		1.2 NAME		
STREET ADDRESS	11509 CERCA DEL RIO PL		1.3 STREET ADDRESS		
CITY-ST-7IP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP		
TITLE	\$D	DELETE	2.1 TITLE	Change	Additio
NAME	PROSSEN, JEAN A.		2.2 NAME		
STREET ADDRESS	11509 CERCA DEL RIO PL		2.3 STREET ADDRESS	we end	
CITY-ST-ZIP	TEMPLE TERRACE FL		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Additio
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY - ST - ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change [Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE	☐ Change	Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change	Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY CT 710			C 4 C/17 / CT 2/C		

14. Thereby 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 just 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 on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if prangat, or on an attachment with jury address.

2/13/98

813-621-7220

Zip Code