

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90085 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000008356

1. Corporation Name
PROFESSIONAL LEADS AND MARKETING, INC.



Principal Place of Business 105 LAKE MIRIAM DR., #4B LAKELAND FL 33813	Mailing Address 105 LAKE MIRIAM DR., #4B LAKELAND FL 33813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 S. FLORIDA AVE Suite, Apt. #, etc. 22 240 City & State 23 LAKELAND, FL. Zip 24 33801		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 11/30/1992	
		4. FEI Number 59-3152772		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**PENNACHIO, JOHN
105 LAKE MIRIAM DR., #4B
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	500 S. FLORIDA AVE #240
83	
84 City	LAKELAND
85 Zip Code	FL 33801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PENNACHIO, JOHN	
STREET ADDRESS	105 LAKE MIRIAM DR., #4B	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, RANDALL	
STREET ADDRESS	105 LAKE MIRIAM DR., #4B	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LASSITER, HUBERT E.	
STREET ADDRESS	105 LAKE MIRIAM DR., #4B	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXEC V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	500 S. FLORIDA AVE #240	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONALD MONTGOMERY	
2.3 STREET ADDRESS	500 S. FLORIDA AVE #240	
2.4 CITY-ST-ZIP	LAKELAND, FL. 33801	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	500 S. FLORIDA AVE #240	
3.4 CITY-ST-ZIP		
4.1 TITLE	T.V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barry M. Fitterman	
4.3 STREET ADDRESS	500 S. FLORIDA AVE #240	
4.4 CITY-ST-ZIP	LAKELAND, FL 33801	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN B. HART	
5.3 STREET ADDRESS	500 S. FLORIDA AVE #240	
5.4 CITY-ST-ZIP	LAKELAND, FL 33801	
6.1 TITLE	D.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARK R. WELLS	
6.3 STREET ADDRESS	500 S. FLORIDA AVE #240	
6.4 CITY-ST-ZIP	LAKELAND, FL 33801	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

Daytime Phone #

CR2E034 (11/98)