

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 PM 9:49

DOCUMENT # P93000035448 (8)

1. Corporation Name

PROVE INTERNATIONAL PARTNERS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

919 WEST S.R. 436
SUITE 210
ALTAMONTE SPRINGS FL 32714

Mailing Address

919 WEST S.R. 436
SUITE 210
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 3641 Laughlin RD

26 PO Box 1328

4. FEI Number

56-1762203

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 Zellwood, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zellwood FL

28 Zellwood FL

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

24 32798-1328

Country

29 32798-1328

Country

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, LORRAINE
3641 LAUGHLIN RD
ZELLWOOD FL 32748

81 Name

Lorraine Taylor

82 Street Address (P.O. Box Number is Not Acceptable)

3641 Laughlin RD

83

84 City

Zellwood FL 32798-1328

FL

85 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

Lorraine Taylor

(NOTE: Registered Agent signature required when reappointing)

DATE

4/27/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TAYLOR, LORRAINE
STREET ADDRESS	919 WEST SR 436
CITY, ST, ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
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)(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 recorder or trustee empowered to execute the 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.

SIGNATURE:

Lorraine Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 - 407-880-6608