

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000041154 (4)**

1. Corporation Name

PRODUCTIVITY MONITORING, INC.

Principal Place of Business

**1100 EAST 25TH STREET
SANFORD FL 32771**

Mailing Address

**1100 EAST 25TH STREET
SANFORD FL 32771**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1993	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-3181480	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SESSOMS, WESLEY M 1100 EAST 25TH STREET SANFORD FL 32771				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

Wesley M. Sessoms
Signature, typed or printed name of registered agent and title if applicable

NOT REQUIRED FOR Sessoms Pres.
(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSOMS, WESLEY M	1.2 NAME	SESSOMS, WESLEY M.
STREET ADDRESS	436 S. VIRGINIA AVE.	1.3 STREET ADDRESS	436 S. VIRGINIA AVE.
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SMITH, JAMES H	2.2 NAME	
STREET ADDRESS	1120 DRUID ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HILL, STANLEY C	3.2 NAME	
STREET ADDRESS	204 KNIGHTSBRIDGE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wesley M. Sessoms

WESLEY M. SESSOMS 2-2-98 407.321.3655

CR2E034 (10/97)