


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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90008 033 ***150.00

0359768

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000050691					
1. Corporation Name PRONTO CIRCUIT TECHNOLOGIES, INC.					
Principal Place of Business 251 ROYAL PALM WAY 6TH FL PALM BEACH FL 33480			Mailing Address C/O MENDOZA, CALLAS AND SCCHILLING 251 ROYAL PALM WAY #602 PALM BEACH FL 33480 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0422574	Applied For Not Applicable
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	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DE MENDOZA, MARIO G III 251 ROYAL PALM WAY 6TH FL PALM BEACH FL 33480				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 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	AS	<input type="checkbox"/> DELETE			
NAME	DE MENDOZA, MARIO G. 111				
STREET ADDRESS	251 ROYAL PALM WAY				
CITY-ST-ZIP	PALM BEACH FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	PUCCI, DONALD				
STREET ADDRESS	251 ROYAL PAL WAY				
CITY-ST-ZIP	PALM BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	AMALFITANO, MICHAEL L.				
STREET ADDRESS	251 ROYAL PALM BAY				
CITY-ST-ZIP	PALM BCH FL				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	WILKINSON, DEBRA				
STREET ADDRESS	251 ROYAL PALM WAY				
CITY-ST-ZIP	PALM BCH FL				
TITLE	TS	<input type="checkbox"/> DELETE			
NAME	CESATI, RICHARD R.				
STREET ADDRESS	251 ROYAL PALM WAY				
CITY-ST-ZIP	PALM BCH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Pucci, Pres.

Date

2/2/99 (954) 977-2966

Daytime Phone #

CR2E034 (11/98)