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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90118 033 ***150.00

DOCUMENT # P93000061041

1. Corporation Name

DEPOSITION SUMMARIES BY PROSUMS, INC.

Principal Place of Business	Mailing Address
3901 N.W. 79 AVE STE 109 MIAMI FL 33166 US	3901 N.W. 79 AVE STE 109 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1993

2. Principal Place of Business		2a. Mailing Address	
21	701 Promenade Drive	26	SAME
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 104	27	
City & State		City & State	
23	Pembroke Pines, FL	28	
Zip	Country	Zip	Country
24	33026	25 USA	29	30

4. FEI Number
65-0433034   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, SHIRLEY
3901 N.W. 79TH AVE
STE 113
MIAMI FL 33166

10. Name and Address of New Registered Agent

81	Name	SHIRLEY HILL
82	Street Address (P.O. Box Number is Not Acceptable)	701 PROMENADE DRIVE
83		SUITE 104
84	City	PEMBROKE PINES FL 85 Zip Code 33026

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PRESIDENT, DIRECTOR	☒ Change	☐ Addition
NAME	HILL, SHIRLEY		1.2 NAME	HILL, SHIRLEY		
STREET ADDRESS	3901 N.W. 79TH AVE STE113		1.3 STREET ADDRESS	701 Promenade Drive Suite 104		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026		
TITLE	VPSD	☐ DELETE	2.1 TITLE	VP, Secretary, Director	☒ Change	☐ Addition
NAME	WEGLARZ, DOREE		2.2 NAME	WEGLARZ, DOREE		
STREET ADDRESS	3901 N.W. 79TH AVE STE113		2.3 STREET ADDRESS	701 Promenade Drive Suite 104		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Pembroke Pines, FL 33026		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)