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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027681 (3)

FILED May 04 1998 8:00am Secretary of State

PRT A	MERICA, INC.					 		
Principal Place of Business Mailing Address						4 144411001 410 14111 41111 41111 6111111	#11 14 B18 W1181 FB1	W HI HI
JAMES S. SCOTT 3002 SANDPIPER BAY CIR SUITE A-303 NAPLES FL 34112-5620 JAMES S. SCOTT 3002 SANDPIPER BAY CIR. NAPLES FL 33962				SUITE A-303		DO NOT WRITE IN THIS	S SPACE	
us us						3. Date Incorporated or Qualified		
	al Place of Business 2e. Mailing Address					04/12/1994		
	ze. Maning Address					4. FEI Number		oplied For
Suite Ant	e, Apt. #, etc. Suite, Apt. #, etc.					65-0480758	\$8.75	ot Applicable
22	27					5. Certificate of Status Desired	Fee Re	
City & State City & State						Election Campaign Financing	\$5.00	May Re
23	28					Trust Fund Contribution	Added t	
Zip	Country Zip Co			ıntry		8. This corporation owes or has paid the c	urrent year Int	langible
24	25 29 30					Personal Property Tax due June 30.		No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	i Agent	
	OTT, JAMES S.			81	Name			ŀ
3002 SANDPIPER BAY CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE A-303				83				
NA	PLES FL 34112			83				İ
Ì				84	City	F	85 Zip (Code
44 Pigenant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statu	tes the el	hove	-named c			e registered
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.								
) "	m tamiliar with, and accept the obliga	itions of, Section 607,0505, Fi	orida Stat	tutes				}
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NO)	It Registere	d Aper	nt signature re	equired when reinstating) DATE		—— I,
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 Ti	1.1 TITLE			☐ Change	Addition
NAME	SCOTT, JAMES S		1.2 N/	1.2 NAME				la
STREET ADDRESS				1.3 STREET ADDRESS				[0]
CITY-ST-ZIP	NAPLES FL		1.4 CI	TY-ST	- ZIP			
TITLE	DELETE 2.17						Change	Addition C
NAME	221						ŀ	
STREET ADDRESS					ADDRESS			.
CITY-ST-ZIP				2. 4 CITY-ST-ZIP			Change	Addition
TITLE			3.1 T/				Change	Addition
NAME			3.2 N/	-	**************************************			}
STREET ADDRESS					ADORESS			i i
CITY-ST-ZIP TITLE		DELÉTE	4.1 Ti	ITY-S	1-211		Change	Addition
NAME		CLI DELL'IL	4.2 N				Vinaliga	
STREET ADDRESS					ADDRESS			ł
CITY-ST-ZIP			1	ITY-ST	- 1			1
TITLE			5.1 TI				Change	Addition
NAME				5.2 NAME			-	\ \
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP	•		1	5.4 CITY-ST-ZIP				
TITLE				6.1 TITLE			Change	Addition
NAME			6.2 NA	AME	1			
STREET ADDRESS			6.3 \$1	TREET A	ADDRESS			}
CATY-ST-ZWP				TY-S1				
	certify that the information supplied wi	th this filing does not qualify f				in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	Information

. Thereby 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 informatic indicated on this annual report or supplied middle under oally 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 in if changed, or on an attachment with an address.

SIGNATURE: James & Scott James 5 50077, PRESIDENT 4/21/98 941-74-783