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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000061522 (6)**

1. Corporation Name
P.R.I.S.M. PARTNERS, INC.

Principal Place of Business	Mailing Address
3712 HOWELL BRANCH ROAD WINTER PARK FL 32792	3712 HOWELL BRANCH ROAD WINTER PARK FL 32792-1740

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21: 3712 Howell Branch Rd
22: Suite, Apt. #, etc.
23: City & State: Winter Park FL
24: Zip: 32792
25: Country: Seminole

2a. Mailing Address
26: 3712 Howell Branch Rd
27: Suite, Apt. #, etc.
28: City & State: Winter Park FL
29: Zip: 32792
30: Country: Seminole

4. FEI Number: 59-3263431 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLALOCK, GARY
12424 RESEARCH PARKWAY
SUITE 200
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name: GARY T. Blalock
82 Street Address (P.O. Box Number is Not Acceptable): 3712 Howell Branch Rd
83: WP
84 City: Winter Park FL 85 Zip Code: 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLALOCK, GARY 12424 RESEARCH PARKWAY, SUITE 260 ORLANDO FL 32826	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Blalock, Gary 3712 Howell Branch Rd Winter Park FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUCK, DORIS 12424 RESEARCH PARKWAY, SUITE 260 ORLANDO FL 32826	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Houck, Doris 3712 Howell Branch Rd Winter Park FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Gary T. Blalock President 3/28/97 (407)671-3300