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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000048772

1. Corporation Name

STREET ADDRÉSS

PROSCAPE INC

PHUŞUA	PE INC.											
Principal Place	of Rusiness	Mailing Address						<b>                                   </b>	IIIA BAINI ODNII VAII	ij <b>uida</b> ) i <b>d</b> ili idah	(42) (4) E)E	
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3121 38TH ST 3906 HARBOUR DR. ORLANDO FL 32839 ORLANDO FL 32806												
US SILEMINDS 12 december 12							DO NOT WRITE IN THIS SPACE					
							•	rated or Qua	lifed		Ì	
					Ì	0	6/20/199	5				
Principal Place of Business     2a. Mailing Address							El Number			Ar	pplied For	
26						5	9-3 <u>3213</u> 2	<u> 22</u>		No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del> .			- C	ertificate of	Status Desin	ed 🗀		Additional	
22 27			<u> </u>			<b>3.</b> 0				Fee Re	equired	
City & State City & State						6. E	lection Campaign Financing	cing		May Be		
23 28						T	rust Fund C	ontribution		Added	to Fees	
Zip	Country	Zip	Country			8. T	his corporat	tion owes the	e current year l		1	
24	25		10				ersonal Pro	<del></del>		☐ Yes	No	
	9. Name and Address of Curr	ent Registered Agent				10. N	lame and A	ddress of N	lew Registere	d Agent		
OIDE	II MOUELE D		81	Name							ì	
O'DELL, MICHELE R				Street	Address	s (P.C	. Box Num	ber is Not Ac	ceptable)			
3908 HARBOUR DR.			<u> </u>									
OHL	ANDO FL 32806		83								ĺ	
,			84	City				<u> </u>	F	85 Zip	Code	
				L,		<del></del>	4 74 44-1	-1-1			sagistarad	
Office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was aut	honzed by	the com	oration's	s boar	d of directo	rs. I hereby	accept the app	ointment as re	egistered	
SIGNATURE						-251-			DATE		<del></del>	
				nt signature i	requirea wit			HANGES TO	OFFICERS	AND DIRECTO	ORS IN 12	
12.	V	DELETE		13.		1				Change	Addition	
TITLE	*	G 52212	1.2 NAME		P		rence	A.D'	(Dell		orrector	
NAME	TRACY, MICHAEL		1		200	-C	1400	-bour	Dr.		··· 7	
STREET ADDRESS	304 BENTON ST		1.3 STREE		39	~\.	ملم	=1 3	33801 Dr.	0		
CITY-ST-ZIP	ORLANDO FL 32806	☐ DELETE	1.4 CITY-S	T-ZIP	יט	<u> </u>	<u> </u>	1	<u> </u>	Change	Addition	
TITLE	VS	☐ pereie	2.1 TITLE		1							
NAME	O'DELL, MICHELE R		2.2 NAME		ł						1	
STREET ADDRESS	3908 HARBOUR DR.		2.3 STREE	T ADDRESS							Ì	
CITY-ST-ZIP	ORLANDO FL 32806			ST-ZIP							Addition	
TITLE		DELETE 3.1 T								∵ [] Change	T MOUNT	
NAME			3.2 NAME		}						}	
STREET ADDRESS			3.3 STREE	TADDRESS								
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	<u> </u>						FT Addition	
TITLE		☐ DELETE	4.1 TITLE							☐ Change	Addition	
NAME			4.2 NAME									
STREET ADDRESS	,		4.3 STREE	TADDRESS								
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>			<del></del>				
TITLE		☐ DELETE	5.1 TITLE							☐ Change	☐ Addition	
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREE	TADDRESS	1							
CITY-ST-ZIP			5.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	6.1 TITLE							Change	☐ Addition	
NAME			6.2 NAME					•				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

04-20-1999 90131 016 \*\*\*150.00