


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90172 008 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000077548					
1. Corporation Name PROACTIVE COMMUNICATIONS, INC.					
Principal Place of Business 2830 NORTH 28TH TERRACE SUITE 5K HOLLYWOOD FL 33020 US			Mailing Address 7154 N UNIVERSITY SUITE 56 TAMARAC FL 33321 US		
2. Principal Place of Business 7154 N. UNIVERSITY		2a. Mailing Address PO Box 4149		3. Date Incorporated or Qualified 10/06/1995	
21 Suite, Apt. #, etc. #56		26 Suite, Apt. #, etc.		4. FEI Number 65-0617756	
22 City & State TAMARAC, FL		27 City & State EVERGREEN, CO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33321		28 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHIPP, LARRY G. J 2830 NORTH 28TH TERRACE SUITE 118 HOLLYWOOD FL 33020				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 7154 N. UNIVERSITY	
83				84 City TAMARAC	
85 Zip Code 33321				86	
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. 4/30/99					
SIGNATURE LARRY G. SHIPP (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME SHIPP, LARRY					
1.3 STREET ADDRESS 2830 NORTH 28TH TERRACE					
1.4 CITY-ST-ZIP HOLLYWOOD FL 33020					
2.1 TITLE <input checked="" type="checkbox"/> DELETE					
2.2 NAME SHIPP, AMANDA J					
2.3 STREET ADDRESS 2830 NORTH 28TH TERRACE					
2.4 CITY-ST-ZIP HOLLYWOOD FL 33020					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)