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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090923 (0)

PROSP	PECT M & D. INC.	• •							
Principal Plac	ce of Business	Mailing Address				- I 1001/1001 fild feligi effili ediri deriki de			. 101
12819 WALLINGFORD DRIVE TAMPA FL 33624		3815 W HUMPHREY ST STE 102 TAMPA FL 33614		DO NOT WRITE	F IN THIS	SPACE			
		US				3. Date Incorporated or Qualified			
		••				11/22/1995			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A	applied For
21		26				59-3351511		⊢	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
City & Stat	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zφ	Countr	ry		8. This corporation owes or has pa		_	_ ~
24	25	29	30			Personal Property Tax due June 30. Yes			□ No
	9. Name and Address of Curre	ent Registered Agent	81	1 Nar		10. Name and Address of New Re	ereasige	Agent	
	LLER, JEFFREY M		Ľ	I INC.	ne 				
	D NORTH TAMPA STREET		82	2 Stre	et Addre	ess (P.O. Box Number is Not Acceptal	ble)		
	ITE 2650		83	2	·····				
IA	MPA FL 33602			"					
				4 City			FL 85 Zip Code		
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli-	302 and 607.1508, Florida Statu te of Florida. Such change was gations of, Section 607.0505, Florida	tes, the above authorized b lorida Statuto	ve-nam by the c es	ed corpo corporation	oration submits this statement for the p on's board of directors. I hereby acce	ourpose o pt the app	f changing i pointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered a	igent and title it applicable (NO	H: Registered Aç	gen: signa	ature require	ed when roinstating)	DATE		
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AN	D DIRECTOR	RS IN 12
TITLE	D DELETE		1.1 TITLE	1.1 TITLE				Change	Addition
NAME	NAGEL, FREDERICK W		1.2 NAME						
STREET ADDRESS	3815 W HUMPHREY ST, STE	E 102	13 STREET ADDRESS		38				
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - 7IP					·	
TITLE	D	L_J DELETE	2.1 TITLE					Change	Addition
NAME	NAGEL, CYNTHIA A		2.2 NAME						
STREET ADDRESS	3815 W HUMPHREY ST, STE	E 102	2.3 STREE		iS				
CITY-ST-ZIP	TAMPA FL			- S1 - ZIP				—	- Cass.
TITLE		DELETE						Change	☐ Addition
NAME expects about the			3.2 NAME	3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	•				iS				
CITY-ST-ZIP TITLE	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE				Change	T Addition
NAME	, and the second second		4.1 HILE 4.2 NAME	-				∐ Change	Addition
STREET ADDRESS	l .				e l				
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP					
TITLE	DELETE		5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET		is				
CITY-ST-ZIP	ı		54 CITY-S						
TITLE	W	☐ DELETE	61 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	T ADDRES	s				

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 13 if changes, or on an attachment with an address.

CR2E034 (10/97)

FILED

Feb 06 1998 8:00am

Secretary of State