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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

SIGNATURE:

P95000091822 (3)

Mailing Address

PRONET OF THE AMERICAS, INC.

3000-1 Hartley RD. Jacksonville Fl. 32257		3000-1 HARTLEY RD. Jacksonville fl 32257-8201						
					3. Date Incorporated or Qualified	3a. Date of La	ast Report	
					12/01/1995	05/09/19	,	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	T wind la	Applied For	
21		26			59-3354041	<u> </u>	Not Applicable	
Sute, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	75 Additional	
22		27			OF DESIRED OF STATES DESIRED	Fe	e Required	
City & Stati	ė .	City & State			6. Election Campaign Financing		.00 May Be	
23		28	<u> </u>		Trust Fund Contribution		ded to Fees	
Zip TTI	Country	Zip	Country	,	8. This corporation has liability for	intengible tax und Yes 🔲 No	ier s. 199.032,	
24	25 9. Name and Address of Curr		0		Florida Statutes 10. Name and Address of New Re			
				Name				
	GHES, F. FRANCIS							
	0-1 HARTLEY RD.		82 Street Addre		Address (P.O. Box Number is Not Acceptate	ıle)		
JAC	KSONVILLE FL 32257		83					
			1	ļ	<u> </u>			
			84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes	the abov	e-named	corporation submits this statement for the p	ourpose of changi	ing its registered	
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was au ligations of, Section 607.0605, Flori	thorized b	v the corr	poration's board of directors. I hereby accept	ot the appointmen	it as registered	
SIGNATURE	Signitive typed or printed name of registerco.	(NOTE -	Stagistana d An	and diameters	required when reinstating)	DATE		
12.		AND DIRECTORS	13.	ent Minarine	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	D	DELETE	1.1 TITLE			☐ Cha		
NAME	FOLEY, THOMAS D		1.2 NAME				-	
STREET ADDRESS	11541 LANE PARK RD.			ADDRESS				
City-St-ZiP	TAVARES FL 32778		1.4 CITY-					
TITLE	D	DELETE	2.1 TITLE			Cha	nge Addition	
NAME	LIZARDI, PEDRO L		2.2 NAME					
STREET ADORESS	•		23 STREE	ADDRESS				
CITY-S1-Z#			2 4 CITY-	ST-ZIP	•			
TITLE	D STORY IN SECTION	DELETE	31 TITLE			☐ Cha	inge Addition	
NAME	MCEWEN, TERRY C		32 NAME					
STREET ADDRESS	11435 LANE PARK RD.		3 3 STREE	ADDRESS				
City - S1 - ZiP	TAVARES FL 32778		3.4 CITY-	ST-ZIP				
TITLE	VP	☐ DELETE	4.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	HUGHES, F F		4. 2 NAME					
STREET ACCRESS	3000-1 HARTLEY RD		4.3 STREE	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 C(TY-	ST - ZIP				
TITLE		DELETE	5.1 TITLE			☐ Cha	inge Addition	
NAME			5.2 NAME					
STREET ADORESS			5.3 STREE	ADDRESS				
CITY-ST-7/P			5.4 City	ST-ZIP				
TITLE	A STATE OF THE STA	☐ DELETE 611				Cha	nge 🔲 Addition	
NAME			62 NAME					
STREET ADDRESS			63 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				
14. I do herel	by certify that the information supp	lied with this filing does not qualify	for the ex	emption s	tated in Section 119.07(3)(i), Florida Statute I that my signature shall have the same lega	s. I further certify	that the	
lam an o	fficer or director of the corporation	or the receiver or trustee empower	red to exe	cute this	report as required by Chapter 607, Florida S	statutes; and that	my name	
appears	in Block 12 or Block 13 if changed	or on an attachment with an addre	ess.	_	/ /			