

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90142 040 \*\*\*158.75

DOCUMENT # P95000091822

1. Corporation Name

PRONET OF THE AMERICAS INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Dec 1, 1995

4. FEI Number

59-3354041

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 3425 LAKE CENTER DRIVE 26 3425 LAKE CENTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1

27 SUITE 1

City & State

City & State

23 MT DORA, FL

28 MT DORA FL

Zip

Country

Zip

Country

24 32757

25 USA

29 32757

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

F. FRANCIS HUGHES

82 Street Address (P.O. Box Number is Not Acceptable)

3425 LAKE CENTER DRIVE

83 SUITE 1

84 City

MT DORA

FL

85 Zip Code

32757

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 F. FRANCIS HUGHES DATE APRIL 5, 1999

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	THOMAS D FOLEY		
1.3 STREET ADDRESS	3425 LAKE CENTER DRIVE		
1.4 CITY-ST-ZIP	MT DORA, FL 32757		
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	F. FRANCIS HUGHES		
2.3 STREET ADDRESS	3425 LAKE CENTER DRIVE		
2.4 CITY-ST-ZIP	MT DORA, FL 32757		
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	WILLIAM McEwen		
3.3 STREET ADDRESS	3425 LAKE CENTER DRIVE		
3.4 CITY-ST-ZIP	MT DORA, FL 32757		
4.1 TITLE	PEPPO L. LIZARDI	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	SECRETARY		
4.3 STREET ADDRESS	3425 LAKE CENTER DRIVE		
4.4 CITY-ST-ZIP	MT DORA, FL 32757		
5.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	TERRY C. McEwen		
5.3 STREET ADDRESS	3425 LAKE CENTER DRIVE		
5.4 CITY-ST-ZIP	MT DORA, FL 32757		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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. I am an attachment with an address, with all other like empowered.

SIGNATURE F. FRANCIS HUGHES DATE APRIL 5, 1999 352 735 3022

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)