

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10/2

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG -4 AM 8:51

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P96000028701 (6)**

1. Corporation Name  
**PRO-MONDE MARKETING, INC.**



Principal Place of Business 5460 FITNESS CIRCLE SUITE 202 ORLANDO FL 32839	Mailing Address 5460 FITNESS CIRCLE SUITE 202 ORLANDO FL 32839
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>ORLANDO FLORIDA</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
22 Suite, Apt. #, etc. <b>3333 SOUTH ORANGE AVE #205</b>	27 Suite, Apt. #, etc. <b>3333 SOUTH ORANGE AVE #205</b>	4. FEI Number <b>593403941</b>	Applied For Not Applicable
23 City & State <b>ORLANDO FL</b>	28 City & State <b>ORLANDO FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>32839</b>	25 Country <b>USA</b>	29 Zip <b>32839</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED                  343 ALMERIA AVENUE                  CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0505 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 \_\_\_\_\_ DATE **07-15-97.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BOY MORGAN</b>		1.2 NAME	
STREET ADDRESS <b>5460 FITNESS CIRCLE 202</b>		1.3 STREET ADDRESS	<b>400002263414--7</b>
CITY-ST-ZIP <b>ORL FL 32839</b>		1.4 CITY-ST-ZIP	<b>-08/11/97--0112--011</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>***174.75 ***174.75</b>
NAME		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)



# PRO-MONDE MARKETING INC.



JULY 15, 1997

FLORIDA DEPT OF STATE  
SANDRA B. MORTHAM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: DOCUMENT # P96000028701 (6)

ENCLOSED PLEASE FIND CHECK #1487 IN THE AMOUNT OF \$174.75 REPRESENTING A SECOND ISSUANCE OF THE FIRST CHECK ISSUED ON JANUARY 2, 1997 UNDER CHECK #1110 IN THE REFERENCED AMOUNT WHICH APPARENTLY WAS LOST. AFTER SPEAKING WITH A REPRESENTATIVE OF YOUR OFFICE THIS MORNING PLEASE FIND THE ENCLOSED CHECK AS FULL PAYMENT DUE AND OWING AND THE AMOUNT OF \$550.00 HAS BEEN WAIVED. I DO NOT HAVE A COPY OF THE CHECK BUT PLEASE FIND ENCLOSED A COPY OF THE CHECK STUB. I SPOKE WITH MY BANK AND THE CHECK HAS BEEN CANCELED AS OF THIS DATE.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME.



GUY MOQUIN  
PRESIDENT

mjd/encls.



3333 SOUTH ORANGE AVE. STE 205 ORLANDO FLORIDA USA 32806  
TEL: 888 PROMONDE / 407 888 2001 FAX: 800 459 0548 / 407 438 4222

