


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90064 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000080293 1. Corporation Name PRO CONNECTION, INC.					
Principal Place of Business 9345 CHISHOLM ROAD UNIT 1 APT. 1 PENSACOLA FL 32514			Mailing Address 9345 CHISHOLM ROAD UNIT 1 APT. 1 PENSACOLA FL 32514		
2. Principal Place of Business 21 Pro Connections, Inc Suite, Apt. #, etc. 22 8401 W. Sample Rd City & State 23 Coral Springs Fla Zip 24 33065					
2a. Mailing Address 26 Pro Connections Suite, Apt. #, etc. 27 P.O. Box 857 City & State 28 Thomasville Ga Zip 29 31799					
3. Date Incorporated or Qualified 10/01/1996					
4. FEI Number 59-3410280					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
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 WALKER, LYNN 9345 CHISHOLM ROAD UNIT 1 APT. 1 PENSACOLA FL 32514			10. Name and Address of New Registered Agent 81 Name PATRICIA JUMALO 82 Street Address (P.O. Box Number is Not Acceptable) 8401 W. Sample Rd #33 83 84 City Coral Springs Fla 85 Zip 33065		
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 <i>[Signature]</i> Patricia Jumalo DATE 6/3/99					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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, or on an attachment with an address, with all other like empowered.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Jumalo

 4/27/99 912-228-7370
 Date Daytime Phone #

 6/3/99 800-833-9052
 Date Daytime Phone #

CR2E034 (1/98)