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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032231 (7)

THEPROSHOP.COM, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		() 1 1 1 1 1 1 1 1 1 1	an eliin eenin elman iirini iinel iinel
1480 HILL AVI		1480 HILL AVE			<i>E</i> .
FT MYERS FL	33901	FT MYERS FL 33901		DO NOT WRITE IN T	HIS SPACE
<u> </u>				3. Date Incorporated or Qualified	
				04/07/1997	
	ace of Business	2a. Mailing Address	. D	4. FEI Number 4. 65 - 0768935	Applied For
21 8695 Suite, Apt.	College PARKWAY	26 8695 Colle Suite, Apt. #, etc.	ge Parkwa	69-0166133	Not Applicable
	# 339	27 SUITE # 33	à	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 FORT	MYERS, FL.	28 FORT MYER	s.FL.	Trust Fund Contribution	
Zip 2 2 0	Country	Zip 1	Country	8. This corporation owes or has paid th	
24 357	19 25 US	29 33919 3	<u>ol 45</u>	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of Nev					ired Agent
PRINGLE, NORMA M			Name		
1480 HILL AVE FT MYERS FL 33901			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
			63		
]					
			84 City	•	FL 85 Zip Code
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 Signalure, typed or purified name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	0	DELETE		PRESIDENT	Change Addition
NAME	PRINGLE, WILLIAM A IV		1.2 NAME		• • •
STREET ADDRESS	1480 HILL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	WILLIAMS, ROBERT H II	, •	2.2 NAME	•	
STREET ADDRESS	13300-56 \$ CLEVELAND AVE \$	STE 230	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33907		2. 4 CITY-ST-ZIP		
TITLE		☐ DETELE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		D OCI CTC	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ì
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		į
CfTY-ST-2#P			6.4 CITY - ST - ZIP		
14. I hereby c	ertify that the information supplied with	h this filing does not qualify for t		in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information

The first security for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an of employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address.