

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000044490 (5)

1. Corporation Name
PROSONLINE, INC.

Principal Place of Business

2843 THAXTON DR #37
PALM HARBOR FL 34684

Mailing Address

2843 THAXTON DR #37
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26 P.O. Box 7902	05/16/1997	NON E DORMANT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
23 City & State	28 City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	<input checked="" type="checkbox"/> Not Applicable
24 Zip	29 33758	6. Election Campaign Financing	5.00 May Be Added to Fees
25 Country	30 Country	7. Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation owes or has paid the current year Intangible	
		Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MARTIN, JOHN
2843 THAXTON DR #37
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
NAME	MARTIN, JOHN	1.2 NAME	BENJAMIN R. MARTIN
STREET ADDRESS	2843 THAXTON DR #37	1.3 STREET ADDRESS	2843 THAXTON DR #37
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D	2.1 TITLE	
NAME	JENKINS, JORYN	2.2 NAME	
STREET ADDRESS	2843 THAXTON DR #37	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MANGNOLA, LOUIS	3.2 NAME	
STREET ADDRESS	2843 THAXTON DR #37	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	MARTIN, COLLEEN R	4.2 NAME	
STREET ADDRESS	2843 THAXTON DR #37	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE:

3/29/98 803-784-1488

CR2E034 (10/97)