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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DE PARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000044490**1. Corpcration Name

PROSONLINE, INC.

Prin	cipal	Place	e of	Busine	68
2843	THA	TON	DR	#37	

Mailing Address

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90009 010 \*\*\*450.00



I i iliicipai riat	ce of pusitiess	waning Address		!		
2843 THAXTON DR #37 PALM HARBOR FL 34684		P.O. BOX 7902 CLEARWATER FL 33758				
1112 1111.00		OCENITATENTE 00730		DO NOT WRITE IN 1	HIS SPACE	
				3. Date Incorporated or Qualifed		
				05/16/1997		
2. Principal f	Place of Business  DANOY Ridge  te 0.4456	2a Mailing Address	<del> </del>	4. FEI Number	A	plied For
21,3/5	OJANOY KIdOE			NOT APPLICABLE	<b>⊢</b> -+`	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				∖\dditional
22		27		5. Certificate of Status Desired	Fee Re	e quired
\$4 \$ 3ta	te Duca Co	City & State		6. Election Campaign Financing	\$5.00	May Be
23 6	AKWAIEF PC	28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax	Yes	□No
ļ	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	∋d Agent	
1 4440	TINI IOUN		81 Name	ELMAPTIA)		
1	RTIN, JOHN		82 Street A	tdress (P.O. Box Number is Not Acceptable)		
	3 THAXTON DR #37		3	150 SANDU KIda	E DR	) =
PAL	M HARBOR FL 34684		83	1	- <del> </del>	
			94 City (5)		1221 20	<del></del>
			84 City <b>(</b>	1=ARWATER F	85 Zip	Code 1761
11. Pursuant	to the provisions of Sections 607 050.	and 607.1508, Florida Statute	s, the above-named or	proporation submits this statement for the purpose attom's board of directors. I hereby accept the ap		
office or o	registered agent, or both, in the State am familia, with, and accept the obliga-	of Florida. Such change was au Lens of Section 607 0505. Flori	ithorized by the corpora ida Statutes	ation's board of directors. I hereby accept the ap	prointment as re	gistered
_		20110 01, 00011011 007.0000, 11311	ida Statutes.	4/7	100	
SIGNATUFE	Signal e, typed or plinted name of registered agen	t and title if applicable (NOT E.	Registered Agent signature requ	ired when reinstating)	77	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	OFIS IN 12
TITLE	PĎ	☐ DELETE	11 TITLE		Change	Addition
NAME	MARTIN, JOHN		1.2 NAME			
STREET ADDRE IS	2843 THAXTON DR #37		1,3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		Change	Addition
NAME	MARTIN, BENJAMIN R		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34686		2.4 CITY-ST-ZIP			i
TITLE	ST	☐ DELETE	3.1 TITLE		Change	Addition
NAME	MARTIN, COLLEEN R		32 NAME		onunge	
STREET ADDRESS	2040 THE TON ORDER 1105					
CITY-ST-ZIP	PALM HARBOR FL 34686		3.3 STREET ADDRESS			ļ
TITLE	TALIN TIMIDOTT I L 04000	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	<del></del>	Change	☐ Addition
NAME			4.7 ITTLE		∴ Criange	
STREET ADDRES						,
			4.3 STREET ADDRESS			1
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	4.4 CITY-ST-ZIP			
		C) DEFE IE	5.1 TITLE 5.2 NAME		☐ Change	Addition
NAME						į
STREET ADDRESS			5.3 STREET ADDRESS			1
CITY-ST-ZIP	<del></del>		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			62 NAME			Ì
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP		<del></del>	6.4 CITY-ST-ZIP			
14. I hereby o	certify that the information supplied with	h tais filing does not qualify for	he exemption stated in	Section 119 07(3)(i) Florida Statutes Lifurther	certify that the in	formation

indicated on this annual report or supplied with this litting 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 required 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, it on an attachment with an address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

D vtime Phone #