

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

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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 010 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000044490			
1. Corporation Name PROSONLINE, INC.			
Principal Place of Business 2843 THAXTON DR #37 PALM HARBOR FL 34684		Mailing Address P.O. BOX 7902 CLEARWATER FL 33758	
2. Principal Place of Business 21 3150 SANDY RIDGE DR Suite, Apt. #, etc.		2a. Mailing Address 27 Suite, Apt. #, etc.	
22 City & State 23 CLEARWATER FL Zip Country		28 City & State 29 Zip Country	
24		30	
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 JOHN MARTIN 82 Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR 83 84 City CLEARWATER FL 85 Zip Code 33761	
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] DATE 4/7/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MARTIN, JOHN	1.2 NAME	
STREET ADDRESS	2843 THAXTON DR #37	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34684	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MARTIN, BENJAMIN R	2.2 NAME	
STREET ADDRESS	2843 THAXTON DRIVE #37	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34686	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	
NAME	MARTIN, COLLEEN R	3.2 NAME	
STREET ADDRESS	2843 THAXTON DRIVE #37	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34686	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

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