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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000047605

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State **Katherine Harris**

05-10-1999 90118 030 ***158.75

PROTO	SYNTHESIS, INC.							
Principal Plac	e of Business	Mailing Address	i				114) MB411 B4B11 18B18 A1111	08191 0111 1081
922 E 124TH AVE 922 E 124TH AVE								
SUITE E SUITE E						DO NOT WRITE	N THIS SPACE	
TAMPA FL 33612 TAMPA FL 33612 US						3. Date Incorporated or Qualifed	IN THIS SPACE	
US						05/27/1997		
2. Principal P	lace of Business	2a. Mailing Add	ress			4. FEI Number	<u> </u>	oplied For
21 26						59-3451526	00.75	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional equired
27								
City & State City & State						6. Election Campaign Financing	,	May Be to Fees
Zip Country Zip				Country		Trust Fund Contribution 8. This corporation owes the current		to rees
Zip	Country	— ·	30	Juliu y		Personal Property Tax.	year intangible □Yes	□No
24	9. Name and Address of Curr	29	[30]	Τ-		10. Name and Address of New Reg		_
-	or maine and Address of Con-			81	Name			
DOF	ierty, stephen j			-	0	(D.O. Day Murchas is Not Assessable	<u> </u>	
902	BEN LOMOND DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptable	,	ł
TEM	PLE TERRACE FL			83				
ļ				_				Code
				84	City		FL 85 Zip	Code
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	1:			ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change	DRS IN 12
NAME	HOWREY, STEVE	_	1.2	NAME		HOWRY Steve		
STREET ADDRESS	400 M 400TH AVE				T ADORESS	30 W 138型 AVC		
CITY-ST-ZIP	TAMPA FL 33613			CITY-S	T-ZIP	HOWRY Steve 130 W 1384 Ave Tampa FL 33613		Ì
TITLE	V			TITLE		_ , G -	Change	☐ Addition
NAME	DOHERTY, STEPHEN		2.2	NAME				
STREET ADDRESS	902 BEN LOMOND DR		2.3	STREE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL 33617			4 CITY-S				
TITLE				TITLE			☐ Change	Addition
NAME			32	NAME				
STREET ADDRESS			3.3	STREE	T ADDRESS			
CITY-ST-ZIP			3.4	CITY-S	ST-ZIP			
TITLE			DELETE 4.1	TITLE			☐ Change	Addition
NAME			4.	2 NAME				ļ
STREET ADDRESS			4.3	STREE	TADORESS			
CITY-ST-ZIP	Ì		4.4	CITY-S	T-ZIP			
TITLE			DELETE 5.1	TITLE			Change	Addition
NAME			5.2	NAME				
STREET ADDRESS	:[1			
CITY-ST-ZIP			5.3	STREE	T ADDRESS			
			5.4	CITY-S	ì			
TITLE			5.4 DELETE 6.1	CITY-S	ì		☐ Change	Addition
TITLE NAME		<u> </u>	5.4 DELETE 6.1 6.2	TITLE	ì		Change	Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _