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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061103

PROCUREMENT INTERNATIONAL CORP.

Principal Place	e of Business	IVI	alling Address								
177 ST. JAMES WAY NAPLES FL 33942			177 ST. JAMES WAY								
			NAPLES FL 33942				DO NOT WRITE IN THIS SPACE				
	•							3. Date Incorporated or Qualife			
							l	07/15/1997			1
2 Principal P	lace of Business	2a.	Mailing Address					4, FEI Number		A	pplied For
2. Fincipal 7.		26	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					65-0767098		N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
22			27					Certifcate of Status Desired		Fee R	equired
City & State			City & State					6. Election Campaign Financir	og	\$5.00	May Be
23			28				Trust Fund Contribution	,а 🗆	•	to Fees	
Zip	Country	1201	Zip Coui			y 8. This corporation owes the current			urrent vear Ir	ntangible	·
24	·	25 29 30			Personal Property Tax.				• •	🗒 Yes	□No
9. Name and Address of Current F			<u> </u>					10. Name and Address of New	v Registered	i Agent	
					81	Na	ne .				•
AMERILAWYER CHARTERED					82	A CONTRACTOR OF THE PROPERTY O					
343 ALMERIA AVENUE						Stre	et Addres	Iress (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134					83						
					84	Çity	,			85 Zip	Code
									F	┗ ┃ _ڶ	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florid	da. Such change was a	luthor	ized by	tne c	ned corpor orporation	ration submits this statement for t 's board of directors. I hereby ac	he purpose o cept the appo	of changing its pintment as re	s registered egistered
SIGNATURE			Wassilooble (NOTS	: Pagie	tornd Agar	t einnal	ture required u	when reinstating)	DATE		
Signature, typed of printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS					13.	it aigrici	ara required t	ADDITIONS/CHANGES TO		ND DIRECT	ORS IN 12
TITLE	PD	·	☐ DELETE		.1 TITLE					☐ Change	
NAME	MCANNEY, MELISSA H				.2 NAME						
STREET ADDRESS	177 ST. JAMES WAY				.3 STREET	LADDRI	-88				
	NAPLES FL 33942		B contract of the contract of			1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	STD DELETE				2.1 TITLE					Change	☐ Addition
NAME .	MCANNENY, ROBERT J				2.2 NAME						i
STREET ADDRESS	177 ST. JAMES WAY			. 2	.3 STREET	ADDRI	ESS				
CITY-ST-ZIP	NAPLES FL 33942		2.40			T-ZIP					
TITLE	. DELETE			3	3.1 TITLE					☐ Change	☐ Addition
NAME				3	3.2 NAME						
STREET ADORESS				3	3.3 STREET	r addr	ESS				
CITY-ST-ZIP				3	3.4. CITY-S	T-ZIP					
TITLE			☐ DELETE	4	I.1 TITLE					Change	Addition
NAME				4	. 2 NAME						
STREET ADDRESS				4	.3 STREET	r addri	ESS				
CITY-ST-ZIP				4	I.4 CITY-S	T-ZIP					
TITLE			☐ DELETE	;	5.1 TITLE	_				☐ Change	☐ Addition
NAME				į	5.2 NAME						
STREET ADDRESS				:	5.3 STREE	T ADDR	ESS				1
					54 CITY-S	T-23P					

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

CONTRACTOR OF

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

May 05, 1999 8:00 am Secretary of State

05-05-1999 90011 029 ***150.00