

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000064494 (2)**

1. Corporation Name

**PARTNERS IN PROSPECTS INCORPORATED**

Principal Place of Business

Mailing Address

**6306 BENJAMIN RD  
SUITE 604  
TAMPA FL 33634**

**6306 BENJAMIN RD  
SUITE 604  
TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/23/1997**

4. FEI Number

**59-3465837**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 6308 Benjamin Rd.**

Suite, Apt. #, etc.

**22 Suite 714**

City & State

**23 Tampa, FL**

Zip

**24 33634**

Country

**25 USA**

2a. Mailing Address

**26 6308 Benjamin Rd.**

Suite, Apt. #, etc.

**27 Suite 714**

City & State

**28 Tampa, FL**

Zip

**29 33634**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**PEPPER, RONNY J  
6306 BENJAMIN RD  
SUITE 604  
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name

**John Blanc**

82 Street Address (P.O. Box Number is Not Acceptable)

**6308 Benjamin Rd.**

83

**Suite 714**

84 City

**Tampa**

**FL**

85 Zip Code

**3334**

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

*John D. Blanc*  
Signature typed or printed name of registered agent (and the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEPPER, RONNY J</b>	
STREET ADDRESS	<b>6306 BENJAMIN RD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>John Blanc</b>	
13 STREET ADDRESS	<b>6308 Benjamin Rd.</b>	
14 CITY-ST-ZIP	<b>Suite 714</b>	

21 TITLE	<b>Tampa, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>33634</b>	
23 STREET ADDRESS		
24 CITY-ST-ZIP		

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

**4/29/98**

**812-882-3348**

CR2E034 (10/97)