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

PROFIT CORPORATION ANNUAL REPORT

1998



L'ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082636 (6)

PRONTO COMM., INC.

Principal Place of Business

Mailing Address

FILED May 26 1998 8:00am Secretary of State



238 SO WICKHAM ROAD WEST MELBOURNE FL 32904			DO NOT WRITE IN THIS S	SDACE
			3. Date Incorporated or Qualified 09/22/1997	DEACE:
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 238 S. Wichban Pol	same			Not Applicable
21 238 So Wichham Pd 2 Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	\$8.75 Additional
 -	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	
23/Ne/Bourne, F/.	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip T	Country	8. This corporation owes or has paid the curr	· · · · · · · · · · · · · · · · · · ·
24 32904 25 U.S.A. 2	29	30		Yes No
9. Name and Address of Current Re	gistered Agent	<u> </u>	10. Name and Address of New Registered A	
PESATORE, CARMINE		81 Name		
562 LAKE ASHLEY CIR		82 Street	Address (P.O. Box Number is Not Acceptable)	
WEST MELBOURNE FL 32904			Address (F.O. Box Number is Not Acceptable)	
		83		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 an office or registered agent, or both, in the State of agent. I am farming with, and accept the obligation	d 607.1508, Florida Statute:	s, the above-named	corporation submits this statement for the purpose of	changing its registered
agent I am farnelly with, and accept the obligation	s of, Section 607.0505, Flor	ida Statutes.	poration's board of directors. I hereby accept the apport	Dintment as registered
SIGNATURE Suprature type of the pointed trainer of respected Tage of and	celini		4-35-9 required when reinstating) DATE	
12. OFFICERS AND DR		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE OWNER,	DELETE	1.1 TITLE		Change Addition
NAME CARMINE PESCATI	R •e	1.2 NAME]
STREET ADDRESS 562 John Oakly C	む、	1.3 STREET ADDRESS		
NAME CARMINE PESCATI STREET ADDRESS 562 John Oakly C CITY-ST-ZIP W. Mul. 41. 32	904	1.4 CITY - ST - ZIP		
TITLE	DELETE	2.1 TOLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-S1-7IP		
TITLE	DELETE	31 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		ŀ
STREET ADDRESS				
ALTY ET 7ID		4.3 STREET ADDRESS		
Ctty-St-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE	DELETE	1		☐ Change ☐ Addition
	☐ DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TATLE	☐ OELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME	☐ OELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.4 CITY-ST-ZIP 5.1 TILLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE		

14. Thereby 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 supplier ental 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.