

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

05-10-1999 90176 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000082636**

1. Corporation Name
PRONTO COMM., INC.

Principal Place of Business

238 S WICKHAM RD
MELBOURNE FL 32904
US

Mailing Address

238 SO WICKHAM ROAD
MELBOURNE FL 32904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

59-3517920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☒ Yes

☐ No

2. Principal Place of Business

21 **238 S. Wickham Rd**

Suite, Apt. #, etc.

22 **MELBOURNE, FL.**

City & State

23 **32904**

Zip

Country

24 **BREVARD**

9. Name and Address of Current Registered Agent

PESCATORE, CARMINE
562 LAKE ASHLEY CIR
WEST MELBOURNE FL 32904

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 **City & State**

City & State

28 **Zip**

Country

29 **West Melbourne FL**

30 **32904**

10. Name and Address of New Registered Agent

81 Name

CARMINE PESCATORE

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

562 Lake Ashley Cir.

83

84 City

West Melbourne FL

85 Zip Code

32904

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 607.0502, Florida Statutes.

SIGNATURE **Carmine Pescatore**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-99 Redone

12. OFFICERS AND DIRECTORS

TITLE **0** ☐ DELETE

NAME **PESCATORE, CARMINE**
STREET ADDRESS **562 LAKE ASHLY CIRCLE**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: **Carmine Pescatore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-99 Redone

Date

Daytime Phone #