1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-10-1999 90041 021 ***158.75

DOCUMENT # **P97000093161**1. Corporation Name

PROCALL COMMUNICATIONS, INC.

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					<u> </u>	Will Brita Laine (1587)	IN THE WASHING BOTH FREMS
Principal Place of Business Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2758 TROLLIE LANE 2758 TROLLIE LANE							
JACKSONVILLE	FL 32211	JACKSONVILLE FL 32211			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 10/29/1997		
2. Principal Place of Business 21 2 754 Trollie Lane 26 Mailing Address 26					4. FEI Number Applied For		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				l = Contitonto of Status Desired 34		5 Additional Required	
City & State 23 Sac Ksonville FL 28 City & State 28						00 May Be led to Fees	
Zip Country Zip			Count	Country 8. This corporation owes the current year Intangible			
24 32		<u> </u>	30		Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Current	Registered Agent		A N====	10. Name and Address of New Reg	istered Agent	
OW	DALL CHACCAN C		8	1 Name			
QANDAH, GHASSAN S				82 Street Address (P.O. Box Number is Not Acceptable))	
2758 TROLLIE LANE JACKSONVILLE FL 32211			9	3			
				4 City		85 2	Zip Code
				1		FL	<u> </u>
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was aut	nonzed L	y the corporati	poration submits this statement for the pu- ion's board of directors. I hereby accept the	пе арропппен а	s registered
SIGNATURE	Signature, typed or printed name of registered agent			gent signature require	ed when reinstating)	DATE	OTODO *** 15
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	
TITLE	D	☐ DELETE	1.1 TITLE	l		Спаг	iide 🗀 waqiilo
NAME	QANDAH, GHASSAN S			1			
STREET ADDRESS	4455 CONFEDERATE POINT RD	#25A		ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211	☐ DELETE	1.4 CITY			Char	nge Addition
TITLE			2.1 TITLE	ì			ge
NAME			2.2 NAM				
STREET ADDRESS				EET ADDRESS			
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CITY-ST-ZIP				-ST-ZIP			
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NAME			4. 2 NAM	tE			
STREET ADDRESS	1		4.3 STRI	EET ADDRESS			
CITY-ST-ZIP	,		4.4 CITY	-ST-ZIP			
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NAME			5.2 NAM				
STREET ADDRESS			5.3 STRI	EET ADDRESS			
CITY-ST-ZIP	<u>.</u>		5.4 CITY				
TITLE		☐ DELETE	6.1 TITL			Char	nge 🗌 Additio
NAME .	1 " "		6.2 NAM	E			
STREET ADDRESS	-		6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			

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.

SIGNATURE: