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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1999 INACHIT # DOMANA AFONO FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90284 004 \*\*\*158.75

1. Corporatio	MENI#791/000) on Name -	1058 172					
PRISM TINC.				4 5 <sub>2541</sub> - 90 <sup>5</sup> 84 - 4			
Principal Plac	ce of Business	Mailing Address 621 - 13AU	Eczilyel	452541 - 90284 -	4	<i></i>	
1/40	UES, FL.	•					
JV/3F	LEO, I L.	NAPLES, FL	•	DO NOT WRITE IN THI	S SPACE	<del>-</del>	
		34102		3. Date Incorporated or Qualifed			
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ар	plied For	
21		26		65-0002215	No	t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 <i>t</i>	I	
22		27			Fee Re	<del></del>	
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Added t	, I	
Zip 24	Country 25	Zip 3	Country	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	ntangible Yes	ENo	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	d Agent		
			81 Name				
			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
			83	·			
			84 City	 F:	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of	of changing its	registered	
office or a	registered agent, or both, in the State am familias with, and accept the obliga	of Florida. Such change was aut itions of Section 607.0505. Florid	horized by the corporati la Statutes	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the control of the purpose of th	ointment as re	gisterea	
	"IMCEUT" 1010	eath	a called	4/21/9	9		
SIGNATURE	Signature, typed or printed name of jegistered age	nt and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) DATE			ĺ (q
SIGNATURE	Signature, typed or printed name of Jegistered age:  OFFICERS AN	nt and title if applicable. (NOTE: Ri	egistered Agent signature require	7/21/1	ND DIRECTO	RS IN 12	4 (00)
SIGNATURE  12. TITLE	Signature, typed or printed name of positive age  OFFICERS AN  PRESIDENT	nt and title if applicable. (NOTE: R) ID DIRECTORS  DELETE	egistered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE			(44/00)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of positive age  OFFICERS AN  PRESIDENT	nt and title if applicable. (NOTE: R) ID DIRECTORS  DELETE	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	ND DIRECTO	RS IN 12	024 (44/09)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of positive age  OFFICERS AN  PRESIDENT	nt and title if applicable. (NOTE: R) ID DIRECTORS  DELETE	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	ND DIRECTO	RS IN 12	00144 (44 (00)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of Jegistered age:  OFFICERS AN	Int and title if applicable. (NOTE: R)  ID DIRECTORS  DELETE  CHETTI  TH	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating) DATE	ND DIRECTO	RS IN 12	CD2E034 (44 (08)
SIGNATURE  12. TITLE NAME STREET ADORESS CRY-ST-ZIP TITLE	Signature, typed or printed name of positive age  OFFICERS AN  PRESIDENT	nt and title if applicable. (NOTE: R) ID DIRECTORS  DELETE	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating) DATE	ND DIRECTO	RS IN 12	CD2E034 (11/08)
SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of figurered age:  OFFICERS AN  PRESIDENT  UINCENT THS  621-13 AUF SON  NAPLES, FL 3	Int and title if applicable. (NOTE: R)  ID DIRECTORS  DELETE  CHETTI  TH	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating) DATE	ND DIRECTO	RS IN 12	CD2E034 (44/09)
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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 of 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 chapters, or on an attachment with an address, with all other like empowered.

SIGNATURE:

727 638 - 4989