

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000046364

1. Corporation Name

PRO SERVICES INTERNATIONAL, INC.

Principal Place of Business

1722 STAYSAIL DRIVE  
VALRICO FL 33594

Mailing Address

1722 STAYSAIL DRIVE  
VALRICO FL 33594

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

KEITH, W C  
1722 STAYSAIL DRIVE  
VALRICO FL 33594

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |                                 |                    |   |
|----------------|---------------------|---------------------------------|--------------------|---|
| TITLE          | 1.0                 | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FARMER, CATHY M     |                                 | 1.2 NAME           |   |
| STREET ADDRESS | 1722 STAYSAIL DRIVE |                                 | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP    | VALRICO FL 33594    |                                 | 1.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 2.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 2.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 3.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 3.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 3.4. CITY-ST-ZIP   |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 4.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 4.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 4.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 5.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 5.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 5.4 CITY-ST-ZIP    |   |
| TITLE          |                     | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |                                 | 6.2 NAME           |   |
| STREET ADDRESS |                     |                                 | 6.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                     |                                 | 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, with all other like empowered.

SIGNATURE: *Katherine Harris* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90017 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

R 59-3520853

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

X 5-13-99  
Date Daytime Phone #