1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000054266

1. Corporation Name

NETPRO SERVICES, INC.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90013 044 ***150.00



Principal Place of Business Mailing Address									•	
3116 N. FEDERAL HWY., SUITE 221 3116 N. FEDERAL HWY., SUITE 221										
LIGHTHOUSE PT. FL 33064 LIGHTHOUSE PT. FL 33064							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 06/15/1998	,		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Ap	plied For	
21 26							65-0842467	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	\$8.75	I	
27							5. Certificate of Status Desires	Fee Re	equired	
City & Stat	9	City & State	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible			
24	4 25 29 30			, , , , , , , , , , , , , , , , , , , ,			Personal Property Tax.	Yes	XINo.	
	9. Name and Address of Currer	nt Registered Agent					Name and Address of New Registered	1 Agent		
				81	Name					
	ELLE, GEORGE J			82	Street /	Δddraes	s (P.O. Box Number is Not Acceptable)			
3116	5 N. FEDERAL HWY., SUITE 221			52	Ollect	Addicas	(.O. Box Humber is Her Hoospitality			
LIGH	ITHOUSE PT. FL 33064			83			10.0			
				84	City		F	85 Zip 1	Code	
44 Dumunt	to the provisions of Sections 607.050	2 and 607 1508. Florida Statut	es the a	bove	-named	corpora	tion submits this statement for the purpose of	of changing its	registered	
office or r	registered agent, or both, in the State.	of Florida. Such change was a	utnonzed	ΙDΥΙ	he corpo	oration's	board of directors. I hereby accept the app	ointment as re	gistered	
agent. 1 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	inda Stati	utes.				٠		
SIGNATURE			. Desistered	Annet	-i	on word wh	nen reinstation\ DATE			
Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS			TE: Registered Agent signature required 13.			ednien w	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	
12. TILE	OFFICERS AI		1.1 TITLE		P.T		Change	Addition		
		☐ DELETE	1.2 N			(400	orge J. Labelle			
NAME					+DDDESS	22	6 N.E 30th Avenue		ĺ	
STREET ADDRESS	†				ADDRESS	יככן	inthouse Point, FL =	33064	}	
CITY-ST-ZIP		☐ DELETE		TY-ST	-ZIP		11.110000	Change	Addition	
TITLE		L' DELETE	2.1 TI			\ V , '	D a D a shalla	[_] onconge	(1)	
NAME			2.2 N/			Lau	irie B. Labelle 16 NE 30th Avenue		į.	
STREET ADDRESS			2.3 STREET ADDRESS		33	IC HE SOLN POPULE	204			
_ CITY-ST-ZIP	T-ZIP			2,4 CITY-ST-ZIP		0 اسا	inthouse Point, FL 3	100 T		
TITLE		☐ DELETE 3.11						☐ Change	☐ Addition	
NAME	Į.	•	3.2 N	ME	ļ	ļ				
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CITY-ST-ZIP			my-si	r-zip						
TITLE		☐ DELETE	4.1 TI	ΠE				Change	Addition	
NAME			4, 2 N	AME					Ť	
STREET ADDRESS			4.3 ST	REET	ADDRESS]	
CITY-ST-Z/P			4.4 CI	TY-\$T	-ZIP					
TITLE		☐ DELETE	5.1 TI					Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 ST	TREET	ADDRESS				1	
	1		1	TY-ST					ł	
CITY-ST-ZIP	-ZIP		6.1 TI					Change	☐ Addition	
NAME	1	<u> </u>	6.2 N	AME						

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Géorge J. Labelle, Pres.