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

0036165

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P98000070130**

1. Corporation Name
PRO-TEAM MARKETING, INC.

Principal Place of Business	Mailing Address
6990 LAKE ELLENOR DRIVE #105 ORLANDO FL 32809	6990 LAKE ELLENOR DRIVE #105 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/29/1998

4. FEI Number
593527620

Applied For ☐
Not Applicable ☐

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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]_
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating)
DATE 1/15/99

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME QUIROZ, KEITH		1.2 NAME	
STREET ADDRESS 1329 SOUTH KIRKMAN ROAD #3125		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32811		1.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME FRANKLAND, CHRIS		2.2 NAME	
STREET ADDRESS 1329 SOUTH KIRKMAN ROAD #3125		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32811		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 _[signature]_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/15/99
Daytime Phone #