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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086077

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90001 031 ***150.00

PRISM DATA SERVICES, INC.												
Principal Flace of Business	Mailing Address							()) 44 () 60				18 (1 1 90 (1881
10204 LOCKWOOD PINES LANE	10204 LOCKWOOD PINE	3 LANE										
TAMPA FL 33635	TAMPA FL 33635									an :	_	_
					<u> </u>		DO NOT		N TITIS	SPACE		·
						e incorporat	ed or Qual	ited				
						/05/1998 Number		 -				D- 1 C
2. Principal Place of Business 2a. Mailing Address 26							700	ス		-	<u>+</u> -	Applicable
Suite, /.pt. #, etc.					1 772	537003_			\$8.75 /.dditio		- ` `	
	Suite, Apt. #, etc.				5. Cen	tifcate of Sta	atus Desire	ed 🗆]		e Rec	
City & State	City & State				E Fler	ction Campa	ian Financ	ring				May Be
23	28					st Fund Con	_	y []	•		Fees
Zip Country	Zip	Coun	try			s corporation		current v	ear Inta	ngible		
24 25	29	30			1	so ial Prope				☐ Yes	i 1	No
9. Name and Address of Curr						me and Add		ew Regis	stered /	Agent		
			81	Name								
MIDENCE, MARCO G			82	Street A.	idress (P.O. E	Boy Number	is Not Ac	rentable)				
10204 LOCKWOOD PINES LANE		[]	٠ ٢	Oli eel Ai	idiesa (i .O. i	DO (Mallibol	13 1101 710	cptable)				
TAMPA FL 33635		ļī.	83		-							
			-	O:t-						loë l	Zin C	
		['	84	City					FL	85	Zip C	ode
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stat	te of Florida. Such change was	authorized	by the	named co e corpor.	rporation sub ition's board	omits this sta of directors.	tement for I hereby a	the purp	oose of a	changir itment	ng its i as reç	egistered istered
office (ir registered agent, or both, in the Statagent, I am familiar with, and accept the oblining SIGNATUF:E Signature, typed or printed name of registered a	te of Florida. Such change was gat ons of, Section 607.0505, F gent and title if applicable (NO	authorized Torida Statut	by the	e corpor.	ation's board	of directors.	I hereby a	ccept the	PATE	itment	as reç	istered
office (ir registered agent, or both, in the Statagent, I am familiar with, and accept the oblining SIGNATUF:E Signature, typed or printed name of registered a	te (if Florida, Such change was gat ons of, Section 607.0505, F agent and title if applicable (NO ANI) DIRECTORS	authorized Iprida Statut	by the tes.	e corpor.	ation's board	of directors.	I hereby a	ccept the	PATE	D DIRE	as rec	RS IN 12
office (ir registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATUF:E Signature, typed or printed name of registered a	te of Florida. Such change was gat ons of, Section 607.0505, F gent and title if applicable (NO	authorized I prida Statut TE: Registered A 1.1 TITL	by the tes.	e corpor.	ation's board	ting)	ANGES TO	OFFICE	PATE	itment	as rec	istered
office (ir registered agent, or both, in the Statagent, I am familiar with, and accept the oblice SIGNATUF: SIgnature, typed or printed name of registered a OFFICERS A	te (if Florida, Such change was gat ons of, Section 607.0505, F agent and title if applicable (NO ANI) DIRECTORS	authorized Forida Statut TE: Registered A 13. 1.1 TITL 1.2 NAM	by the tes. Agent si	e corpor.	ation's board	ting) IT(ONS/CH/	ANGES TO	O OFFICE	DATE AN	D DIRE	as reç	RS IN 12
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblighing SIGNATUFE SIgnature, typed or printed na ne of registered a OFFICERS A	te (if Florida, Such change was gat ons of, Section 607.0505, F agent and title if applicable (NO ANI) DIRECTORS	authorized Forida Statut TE: Registered A 13. 1.1 TITL 1.2 NAM	by the tes. Agent si	e corpor.	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	as reç	RS IN 12
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblights of the statagent of the st	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS	authorized forida Statut 1 E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITN	by the tes. Agent si E ME REET AL Y-ST-Z	e corpor.	ation's board	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOI ange	RS IN 12
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF: SIgnature, typed or printed na ne of registered a OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	te (if Florida, Such change was gat ons of, Section 607.0505, F agent and title if applicable (NO ANI) DIRECTORS	authorized forida Statut 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITN 2.1 TITL	Agent si E REET AL Y-ST-Z	e corpor.	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOI ange	RS IN 12
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblights of the statagent of the st	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS	authorized florida Statut E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM	Agent si E REET AC Y-ST-Z E	e corpor. ignature req DORESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOI ange	RS IN 12
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF: SIgnature, typed or printed na ne of registered a OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS	authorized (1 prida Statut) 1 E: Registered A	Agent si Agent si E REET AL Y-ST-Z LE ME REET AL	e corpor. ignature req DDRESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOI ange	RS IN 12
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF: SIgnature, typed or printed na ne of registered a 12. OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS DELETE	authorized florida Statut 1 E: Registered A 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.2 NAM 2.3 STR 2.4 CIT	Agent si	e corpor. ignature req DDRESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	as reç	≳S IN 12 Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E SIgnature, typed or printed name of registered at the control of the control	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS	authorized (1 orida Statut) 1	Agent si E ME REET AL Y-ST-Z E ME REET AL Y-ST-Z E Y-ST-Z	e corpor. ignature req DDRESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	as reç	RS IN 12
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E SIgnature, typed or printed na ne of registered a 12. OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS DELETE	authorized (1 prida Statut) 1 E: Registered A	Agent si E REET AC Y-ST-Z REET AC	e corpor. ignature req DORESS DORESS ZIP	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	as reç	≳S IN 12 Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E 12. OFFICERS A TITLE NAME STREET ADDRE 3S CITY-\$T-ZIP TITLE NAME STREET ADDRE 3S	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS DELETE	authorized (1 prida Statut) 1 E: Registered A 13. 1.1 TIT. 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	by the second se	e corpor. ignature req DORESS DORESS DORESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	as reç	≳S IN 12 Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblights of the state of the oblights of	te (if Florida, Such change was gat ons of, Section 607.0505, F Ingent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized (1 orida Statut 13: Registered A 13.	by the second size of the second	e corpor. ignature req DORESS DORESS DORESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOf ange	RS IN 12 Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E 12. OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS DELETE	authorized florida Statut 13: Registered A 13: 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.	by the second size of the second	e corpor. ignature req DORESS DORESS DORESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOf ange	≳S IN 12 Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF: SIgnature, typed or printed name of registered a OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	te (if Florida, Such change was gat ons of, Section 607.0505, F Ingent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized florida Statut 13: Registered A 13: 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	by the state of th	e corpor. ignature req DDRESS DDRESS DDRESS ZIP DDRESS	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOf ange	RS IN 12 Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E SIgnature, typed or printed na re of registered a OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	te (if Florida, Such change was gat ons of, Section 607.0505, F Ingent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized (1 prida Statu) I E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	by the second size of the second	e corpor. ignature req DDRESS DDRESS ZIP DDRESS ZIP	ADDI Pression ADDI Pression 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOf ange	RS IN 12 Addition Addition
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATUF:E SIGNATUF:E 12. OFFICERS A TITLE NAME STREET ADDRE 3S CITY- \$1- ZIP	te (if Florida, Such change was gat ons of, Section 607.0505, F Igent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized florida Statuf 13: 13: 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITM 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITM 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITM 4.3 STR	by the second size of the second	e corpor. ignature req DDRESS DDRESS ZIP DDRESS ZIP	Presse Marce 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRE	ECTOI ange ange ange	RS IN 12 Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E SIgnature, typed or printed na ne of registered a 12. OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	te (if Florida, Such change was gat ons of, Section 607.0505, F Ingent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized (1 prida Statu) I E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	by the tes. E. E. ME REET ALC Y. ST. Z. E. E. ME REET ALC Y. ST. Z. E.	e corpor. ignature req DDRESS DDRESS ZIP DDRESS ZIP	Presse Marce 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRECTOR Chi	ECTOI ange ange ange	RS IN 12 Addition Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E 12. OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	te (if Florida, Such change was gat ons of, Section 607.0505, F Igent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized florida Statut 13.	by the tes. E. M.	e corpor. ignature req DDRESS DDRESS ZIP DDRESS ZIP	Presse Marce 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRECTOR Chi	ECTOI ange ange ange	RS IN 12 Addition Addition Addition
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATUF:E 12. OFFICERS ATTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	te (if Florida, Such change was gat ons of, Section 607.0505, F Igent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized florida Statut 13.	Agent size. E. ME REET AL RE	e corpor. ignature req DORESS DORESS DORESS ZIP DORESS ZIP DORESS	Presse Marce 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRECTOR Chi	ECTOI ange ange ange	RS IN 12 Addition Addition Addition
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATUF:E 12. OFFICERS A 11. OFFICERS A 11. OFFICERS A 11. OFFICERS A 11. OFFICERS A 12. OFFICERS A 13. OFFICERS A 14. OFFICERS A 15. OFFICERS A 16. OFFICERS A 17. ST. ZIP	te (if Florida, Such change was gat ons of, Section 607.0505, F Igent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized florida Statut 13:	LE L	e corpor. ignature req DORESS DORESS DORESS ZIP DORESS ZIP DORESS	Presse Marce 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRECTOR Chi	as rec ECTOI ange ange ange ange	RS IN 12 Addition Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblig SIGNATUF:E SIgnature, typed or printed na ne of registered a 12. OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized florida Statut 13.	by the tes. Agent size of the tes. Agent size of tes. Agent siz	e corpor. ignature req DORESS DORESS DORESS ZIP DORESS ZIP DORESS	Presse Marce 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRECTOR Chi	as rec ECTOI ange ange ange ange	RS IN 12 Reddition Addition Addition Addition
office or registered agent, or both, in the Statagent. I am familiar with, and accept the oblights. SIGNATUF:E 12. OFFICERS A TITLE NAME STREET ADDRESS CITY-ST-ZIP	te (if Florida, Such change was gat ons of, Section 607.0505, Figent and title if applicable (NO ANI) DIRECTORS DELETE DELETE	authorized (1 orida Statu) 13.	by the state of th	e corpor. ignature req DORESS DORESS DORESS ZIP DORESS ZIP DORESS	Presse Marce 10204	ing) IT(ONS/CH/	ANGES TO	OFFICE	DATE ERS AN	D DIRECTOR Chi	as rec ECTOI ange ange ange ange	RS IN 12 Reddition Addition Addition Addition

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 proprian attachment with an address, with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR