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 # P9900000123

PROSPEC	TIONS, INC.					
Principal Place of Business		Mailing Address			1 100110011110011	
10350 N.W. 16TH STREET PLANTATION FL 33322		10350 N.W. 16TH STRE PLANTATION FL 33322				
					3. Date Incorporate 12/31/1998	
⊢ .	ace of Business	2a. Mailing Address				
21			Suite, Apt. #, etc.			
City & State		City & State				
23		28			Trust Fund Cont	
Zip	Country 25	Zip 29	Country 30		8. This corporation Personal Proper	
	9. Name and Address of	Current Registered Agent			10. Name and Add	
UHLEF	R, MICHAEL F		81	Name		
	N.W. 16TH STREET		82	Street Addn	ess (P.O. Box Number	
PLANT	TATION FL 33322		83			
			84	City		

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90040 009 ***150.00

PHUSPE	CTIONS, INC.						
Principal Plac	on of Business	Mailing Address					
Principal Place of Business 10350 N.W. 16TH STREET		-					
PLANTATION FL		10350 N.W. 16TH STREET PLANTATION FL 33322					
Dittinion		T GRIFT ATTOUR TE GOOZE				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	ŀ
						12/31/1998	ł
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	j
21		26	26			65-0892883 Not Applicable	ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	ĺ
22		27	27			5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	١
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip				8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	j
`1	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
				81	Name		ĺ
UHLI	er, Michael F			00	Charact Add	Iress (P.O. Box Number is Not Acceptable)	ł
10350 N.W. 16TH STREET				82	Street Add	iress (P.O. Box Number is Not Acceptable)	
PLAN	NTATION FL 33322			83			
							4
				84	City	FL 85 Zip Code	
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, F	Florida Stat	lutes	•	ion's board of directors. I hereby accept the appointment as registered	
12.		ND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ç
TITLE	T - T -	DELETE	1.1 T			☐ Change ☐ Addition	7
NAME -	PRES. TREAS.			AME]
STREET ADDRESS	LEON CASES				ADDRESS		١
	NO. MI AMI BEACH, 1	9. 11179	ľ	ITY-S			3
CITY-ST-ZIP	Co	□ DELETE	2.1 7		1-21	Change Addition	Ì
NAME	MICHAEL F. UHLEA		2.2 N				
		~			ADDRESS		
STREET ADDRESS	1	33214			Į.		1
CITY-ST-ZIP	FLANTATION, FZ	DELETE	3.1 T	CITY-9	11-214	☐ Change ☐ Addition	1
TITLE							
NAME				IAME_			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.1 T	<u>πγ-5</u>	T-ZIP	☐ Change ☐ Addition	1
TITLE				_			}
NAME			4. 2 3	WME			
STREET ADDRESS							
CITY-ST-ZIP		e		TREET	1		
TITLE			4.4 0	TY-S	1	☐ Channa ☐ Artrition	
		C DELETE	4.4 C	ITLE	1	☐ Change ☐ Addition	
NAME			4.4 C 5.1 T 5.2 N	ity-s Itle Iame	T-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS	5		4.4 C 5.1 T 5.2 N 5.3 S	ITY-S' ITLE LAME ITREE1	T-ZIP	_ , _	
	3	☐ DELETE	4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	ITY-S' ITLE LAME TREE!	T-ZIP		
STREET ADDRESS	5		4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	ITY-S' ITLE IAME ITREE1 ITLE	T-ZIP	_ , _	
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 T 5.2 N 5.3 S 5.4 C 6.1 Y 6.2 N	TTY-S' TTLE TREET TTY-S' TTLE TAME	T-ZIP T ADDRESS T-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	-	☐ DELETE	4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	TTY-S' TTLE TREET TTY-S' TTLE TAME	T-ZIP F ADDRESS T-ZIP F ADDRESS		

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: