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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S01823 (1)

PRO ACCESS SYSTEMS, INC.

**FILED** May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- I FEBRUARIO DUI DEFEND FEBRUA EN IL INGRA PULL DI DUI I	HOLL BYELF OFFIH DID	I Błom Jobi	
3508 CHERR TAMPA FL 3 US	· · · · · · · · · · · · · · · · · · ·	3508 CHERRY PALM DR Tampa Fl 33619 US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2. Principal Place of Business 2a, Mailing Address						09/21/1990 4, FEI Number	I Ār	plied For
21						59-3028478	<del>  '</del>	ot Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	
22	27					6. Certificate of Status Desired	Fee Re	pouired
City & Sta	& State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the		
24	25	29 30			Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent					Ness	10. Name and Address of New Register	ed Agent	
HICE, DAVID					Name			
3508 CHERRY PALM DRIVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
TAMPA FL 33619				B3				
				84	City	F	E 85 Zip	Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al office or registered agent, or both, in the State of Florida. Such change was authorized</li> </ol>					-named corpo the corporation	ration submits this statement for the purposi	e of changing i	s registered 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								
				d Ager	nt signature required			0.111.10
12.	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 Ti	T1 E		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	KENYON, TED F.	E peccie	12 N				Onungo	7.00
STREET ADDRESS					ADDRESS			1
CITY-SI-ZIP	TAMPA FL		1.4 CI					ŀ
TITLE	DS	☐ DELETE	21 TI				☐ Change	☐ Addition
NAME	KENYON, MARY M.		2.2 N	AME				
STREET ADDRESS			2 3 STR		address			
CITY+ST-ZIP	TAMPA FL		2.40	HY-\$	T - ZIP			
TITLE	DVT	☐ DELETE	3 1 TI	TLE			☐ Change	Addition
NAME	RICE, DAVID		3 2 N	AME				ļ
STREET ADDRESS			3 3 S	TREET A	ADDRESS			İ
CITY-ST-ZIP	BRANDON FL	T or eve	_	ITY-S	T-ZIP		0	and the second
TITLE	D	DELETE	4 1 Ti				Change	Addition
NAME	RICE, DAWN		4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	BRANDON FL	DELETE	2.4.71	TIY-ST	- ZIP		Change	☐ Addition
NAME			5.1 II		1		E CHANGE	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST	l			
TITLE	<del>                                     </del>	DELETE	6.1 Tr		1-2"		☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS					ADDRESS			
			6 4 CITY-ST-ZIP					

I hereby certify that the information indicated on this annual resolution of the conficer or director of the conficer or Block 12 or Block 13 if change in the conficer of the conficer or director or directo tradion 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 for the 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 portion or the receive per trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in people or on an exact fund with an indicess.

4/24/98

813-664-0606