

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S91818** (2)

1. Corporation Name
PROSIMO, INC.

Principal Place of Business
**4101 NORTHEAST 16TH AVENUE
OAKLAND PARK FL 33334**

Mailing Address
**4101 NORTHEAST 16TH AVENUE
OAKLAND PARK FL 33334-5475**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1991	3a. Date of Last Report 04/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0320878	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOSS, HOWARD 2404 NORTHEAST 8TH STREET FORT LAUDERDALE FL 33304		10. Name and Address of New Registered Agent	
81	Name	Theodore G. KORBOS	
82	Street Address (P.O. Box Number is Not Acceptable)	4101 NE 16th Ave	
83	City	OAKLAND PARK	
84	State	FL	
85	Zip Code	33334	

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

Theodore G. Korbos

4/27/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORBOS, THEODORE G.	1.2 NAME	
STREET ADDRESS	4101 NORTHEAST 16TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, PHYLLIS M.	2.2 NAME	
STREET ADDRESS	4101 NORTHEAST 16TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYREK, LEE K MRS.	3.2 NAME	
STREET ADDRESS	2424 S 61 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CICERO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Theodore G. Korbos* **KORBOS, THEODORE G.** **2/27/97** **772-8802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0290413

CR2E034 (9/96)