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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #

SIGNATHRE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED Feb 10 1998 8:00am Secretary of State

PRO INDUSTRIES GROUP, INC.				L HOUSE HALL BEING HOUSE HALL BEING BOOK HOUSE BEEN BIR BEING BEEN BEING BEEN BEING BEEN BEING BEEN BEING BEEN	il dede dede didis didis della didis	
Principal Place	e of Business	Mailing Address			. Individu dia divid didia didia lakit daki didi	ar Arber Arake Athir brain beare deale
		1010 N. PALM AVE.				
ORLANDO FL 32804		ORLANDO FL 32804 US		DO NOT WRITE IN	THIS SPACE	
00		00			3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
Ĺ					04/09/1990	
	ace of Business	2a. Mailing Address		_	4. FEI Number	Applied For
21 Cuite Act # abo		26		59-3008239	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent
	LANDO, MICHAEL J.		81	Name		
	O N. PALM AVE.		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
UH	LANDO FL 32804		83			
			84	City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508, Florida Statute	s, the above	-named cor	poration submits this statement for the purp	ose 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. If hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE						
Old Willow	Signature typod or pasted name of respectived as		Registered Age	nt signalure requ		PATE
12.		ND DIBECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	d Orlando, Michael J.	L.J DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	1010 N. PALM AVE.		1.2 NAME 1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-S			
TOTLE	D	DELETE	2.1 TOLE			Change Addition
NAME	ORLANDO, PATRICIA		22 NAME			
STREET ADDRESS	1010 N. PALM AVE.		2 3 STREET ADDRESS		(*)	•
CITY-ST-ZIP	ORLANDO FL 32804		2 4 CITY - S	IT - ZIP		- <u></u>
TITLE		☐ DELETE	3.1 TITLE	-		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE	A	DELETE	3.4. CITY - S	SI - ZIP		Change Addition
NAME I		oreric	4.2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			44 CITY-S			
TITLE		DELETE	51 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP		The state	5 4 CITY - S	7-2IP		0
TITLE		☐ DELETE	6.1 TITLE	1		Change Addition
NAME CONCEY ADDRESS			6.2 NAME	ADODEDO		
STREET ADDRESS			63 STREET			
14. I hereby o	certify that the information supplied	with this filing does not qualify for	6.4 CITY - Si the exemp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I furt	her 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 attrichment with an address						