PROCEIT CORPORATION ANNUAL REPORT 1998 DOLUMENT # P95000007483 (7) THE LAW OFFICE OF JO ELLEN KANE MEDI, P.A. Principal Pace of Business 228 HETIMAN STREET FORT MIRES R. 33001 POT WHERE R. 45001 A Principal Pace of Business 229 HETIMAN STREET FORT MIRES R. 33001 DO NOT WHITE IN THIS SPACE 3. Date Incorporation of Cuasified O1/12/71/995 2. Principal Pace of Business 230 MeVing Address 3. Date Incorporation of Cuasified O1/12/71/995 2. Principal Pace of Business 240 MeVing Address 3. Date Incorporation of Cuasified O1/12/71/995 2. Principal Pace of Business 3. Date Incorporation of Cuasified O1/12/71/995 3. Date Incorporation own or has pack incorporation of Pace Pack in Current O1/12/19/19/19/19/19/19/19/19/19/19/19/19/19/	FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								 I T	.	
DOCUMENT # P95000007483 (7) THE LAW OFFICE OF JO ELLEN KANE MEDI, P.A. Principal Place of Business Mailing Address Sale Minital STREET FORT MYERS PL 33901 228 MINITAL STREET FORT MYERS PL 33901 239 MINITAL STREET FORT MYERS PL 33901 24 Mailing Address 25 MINITAL STREET FORT MYERS PL 33901 25 MINITAL STREET FORT MYERS PL 33901 26 Sales 27 Clay & State 28 Suria, Apt. 4, etc. 29 Country 20 Country 20 Country 20 Country 20 Country 21 Deleter Kank MEDI 256 METMAN STREET FIT.MYERS PL 33901 27 Pursuants of Sections 807 0002 and 807 1506, Florida Statutes, and address of Current Registered Agent 38 Name and Address of Current Registered Agent 39 Sections 807 0002 and 807 1506, Florida Statutes, and address of Current Registered Agent 39 Sections 807 0002 and 807 1506, Florida Statutes, and address of Current Registered Agent 39 Sections 807 0002 and 807 1506, Florida Statutes, and address of Current Registered Agent 30 ELLEN KANE MEDI 256 HEITMAN STREET FIT.MYERS PL 33901 30 ELLEN KANE MEDI 256 HEITMAN STREET FIT.MYERS PL 33901 30 ELLEN KANE MEDI 30 ELLEN KANE 30	PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State							
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S. Certificate of Status Desired S. Certificate S.	21		26					01/27/1995 4. FEI Number 65-0570570		\$9.7	Not Applicable
Zip	City & Stat	te	27					6. Election Campaign Financing		Fee \$5.0	Required OO May Be
JO ELLEN KANE MEDI 2256 HEITMAN ST. 2256 HEITMAN STREET FT.MYERS FI. 33301 11. Pursuant to the provisions of Sections 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and the provisions of Section 607, 5508, Florida Statutes. SIGNATURE 12.	Zip	25	ry Z 29	·		<i>,</i>		This corporation owes or has a Personal Property Tax due Jur	ne 30.	current year	r Intangible
SIGNATURE Septiment square processing the collegations of a section of positions and other applicable. ISIGNATURE Septiment approach process and other applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD MEDI, JO ELLEN KANE 1.2 NAME STREET ADDRESS CITY-ST-ZIP FT. MYERS FL DELETE 1.3 STREET ADDRESS CITY-ST-ZIP FT. MYERS FL DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.3 STREET ADDRESS CITY-ST-ZIP NAME 3.4 CITY-ST-ZIP TITLE NAME 3.5 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.6 CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS STREET ADDRESS	JO ELLEN KANE MEDI 2256 HEITMAN ST. 2256 HIETMAN STREET					Street .					ip Code
Styling Styl	ayen.ra	3 delle	n Rose V	Medion 607,0505, Flor	nda Statute	S	corpora	ation submits this statement for the 's board of directors. I hereby acc	purpose apt the a	of changin ppointment	g its registered as registered
TITLE					. Registered Ag	ent signature	required v			-	
NAME MEDI, JO ELLEN KANE 1.2 NAME 2256 HEITMAN STREET 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition Additi			FFICERS AND DIRECTO		_	···-		ADDITIONS/CHANGES TO OFF	ICERS A		
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	TITLE NAME STREET ADORESS			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS				Change	e 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 on an attachment with an address.

SIGNATURE:

SIGNATURE:

9413371436

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST-ZIP