

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

FILED
Feb 02 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000030079 (4)
 1. Corporation Name
PRODUX CORPORATION

| | |
|---|---|
| Principal Place of Business 3300 SOUTH CONGRESS AVE. STE 19 BOYNTON BEACH FL 33426 | Mailing Address 3300 SOUTH CONGRESS AVE. STE 19 BOYNTON BEACH FL 33426 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 UNIT C | Suite, Apt. #, etc. | 26 UNIT C | Suite, Apt. #, etc. | 04/18/1995 | Applied For |
| 22 1900 PALMLAND | City & State | 27 1900 PALMLAND | City & State | 65-0669961 | Not Applicable |
| 23 BOYNTON BCH, FL | Zip | 28 BOYNTON BCH, FL | Zip | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 33436 | Country | 29 33436 | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 USA | PALM BCH | 30 PALM BCH | PALM BCH | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

GERACI, RONALD
 9353 WATER COURSE WAY
 BOYNTON BEACH FL 33437

| | |
|---|------------------|
| 81 Name | GERACI, RONALD |
| 82 Street Address (P.O. Box Number is Not Acceptable) | UNIT C |
| 83 City | 1900 PALMLAND |
| 84 City | BOYNTON BEACH FL |
| 85 Zip Code | 33436 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GERACI, RONALD | 1.2 NAME | GERACI, RONALD |
| STREET ADDRESS | 9353 WATER COURSE WAY | 1.3 STREET ADDRESS | 1900 C PALMLAND |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | 1.4 CITY-ST-ZIP | BOYNTON BEACH FL 33436 |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCAVRON, RON | 2.2 NAME | |
| STREET ADDRESS | 7600 WILES RD., STE. C | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33067 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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: *Ronald Scavron* RONALD SCAVRON GERACI 1/20/98 561-733-3700

CR2E034 (10/97)