

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

FILED
May 15 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 # *P95000056368*

1. Corporation Name

Net-Pro, Inc

Principal Place of Business

Mailing Address

*386 SW 12th Ave
Deerfield Bch, FL 33442*

3. Date Incorporated or Qualified

7/20/95

3a. Date of Last Report

1996

2. Principal Place of Business

2a. Mailing Address

21 *same as above*

26 *same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *---*

27 *---*

City & State

City & State

23 *---*

28 *---*

Zip

Country

Zip

Country

24 *---*

25 *---*

29 *---*

30 *---*

4. FLE Number

65-0596717

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*LAW firm of Lawrence J Spiegel, Chartered
DBA: AmeriLawyer
343 Almeria Avenue
Coral Gables, FL 33134*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Ross Hart

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

5/7/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME *Mark Kessler*
STREET ADDRESS *386 SW 12th Ave*
CITY-ST-ZIP *Deerfield Bch, FL 33442*

TITLE ☐ DELETE

NAME *Ross Hart*
STREET ADDRESS *386 SW 12th Ave*
CITY-ST-ZIP *Deerfield Bch, FL 33442*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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11 TITLE

12 NAME

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Ross Hart

Signature and typed or printed name of signing officer or director

5/7/97 (954) 429-3550

CR2E034 (9/96)