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PRCFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

634016

(0)

I.R. WIT	ZER COMPANY, INC.				
Principal Place o	f Business	Mailing Address		i idang abat ikil alan asigi jidia	#
6101 S. MCINT SARASOTA FL		6101 S. MCINTOSH R SARASOTA FL 34238	D.		
US		US		3. Date Incorporated or Qualified 08/28/1979	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21		Suite, Apt. #, etc.		59-1960612	\$8.75 Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	Country	Trust Fund Contribution 8. This corporation has liability for it	
Zip	Country 25	Zip 29	30	Florida Statutes Yes	□ No
24	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
			B1 Name		
	DN, NORMAN E.		82 Street Ac	dress (P.O. Box Number is Not Acceptab	le)
2033 MAI			83		
SUITE 504 SARASOTA FL 34237			, , , , , , , , , , , , , , , , , , , ,		[a-1] = A-3-
SAKASU	IA FL 3423/		84 City		FL 85 Zip Code
SIGNATURE	signature, typed or printed name of registered age		IOTE: Brigistered Agent signature rec	oration submits this statement for the pur oard of directors. I hereby accept the appointment of the appoint	DATE
12.	STD OFFICERS A	ND DIRECTORS DELETE	1 1 TITLE	7,5011101101011111101011011011011011011011	Change Addition
NAME	WITZER, REBECCA		1.2 NAME		
STREET ADORESS	95 COLUMBUS BLVD		1.3 STREET ADDRESS		
CITY - ST - ZIP	SARSOTA FL		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	PD	☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME	WITZER, STEPHEN A.		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	875 SIESTA KEY CIRCLE SARASOTA FL		2.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE	OVINORIY LE	☐ DELETE	3. 1 TITLE		Change Addition
NAMÉ		 -	3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		FIDELL	3.4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	4 1 TITLE 42 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[] ns. tre	5 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELÉTÉ	6 1 TITLE 6.2 NAME		L 278. L. 147.
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CHTY - ST - ZIP		
certify that	y cartify that the information supplie the information indicated on this at I arn an officer or director of the co- Block 12 or Block 13 if changed, o	nnual report or supplemental a rooration or the receiver or trus	urnished and does not qua nnual report is true and ac- stee empowered to execute	ify for the exemption stated in Section 115 curate and that my signature shall have the e this report as required by Chapter 607, F	0.07(3)(k), Florida Statutes. I further as ame legal effect as if made under lorida Statutes; and that my name

4/22/96 941/922-5301 Date Describe Phone # STEPHEN A. WITZER SIGNATURE: _