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

**PRÖFIT** CORPORATION". ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F12889

1. Corporation Name

RICHARD A. BOLINGER, P.A.

, ·- ·		<u> </u>										
Principal Plac	e of Business	Mailing Address				1	*	10101 78116	a s.a <b>s</b>			
1708-21ST STREET		P.O. BOX 369										
P.O. BOX 369 VERO BCH FL	22061.7260		P O BOX 369 VERO BCH FL 32961-7369				DO NO	OT WRITE	IN THE	SDACI	F	
US	32301-1303	US	-1903			2	Date Incorporated or C		CILI AII	SEAC		
,			,				12/29/1980					
<b>—</b>	Place of Business	2a. Mailing Address					FE! Number			L	+ ''	olied For
21		26					59-2044509			**		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	c. 			5.	Certifcate of Status De	sired		·		dditional quired
City & Stat	te	City & State				6.	Election Campaign Fin	ancing		\$5	.00	May Be
23	:	28				_	Trust Fund Contribution	n		Ac	ided to	Fees
Zip	Country	Zip	Coun	ntry		8.	This corporation owes		nt year into			
24	25	29	30				Personal Property Tax			Yes	<u> </u>	□No
	9. Name and Address of Currer	nt Registered Agent		81 N	lame	10.	Name and Address o	New Ke	Aizreted '	-gent		
BOLL	INGER, RICHARD A.											
	3-21ST STREET		[-	<b>82</b> S	treet Addre	ess (P	.O. Box Number is Not	Acceptabl	le)			
	BOX 369		}	83			· · · · · · · · · · · · · · · · · · ·		<del>,                                    </del>		<u> </u>	
1	O BCH FL 32961		ľ	33					<u> </u>	•	<u>.</u>	
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(might fill followed to the contract of the co	to the provisions of Sections 607.050	12 and 607 1508 Florida	Statutes the ah	nove-n	amed corp	oration	submits this statement	for the n	urnose of	chanci	ng its	registered
l office or r	registered agent, or both, in the State	of Florida. Such change	was authorized	by the	corporatio	on's bo	ard of directors. I hereb	y accept	the appoir	itment	as reg	istered
	m familiar with, and accept the obliga	ations of, Section 607.050	5, Florida Statu	ites.								
				•								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered A	Agent sin	nature required	d when re	einstating)		DATE			
	Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable.	(NOTE: Registered A	Agent sig	nature required		einstating)	TO OFFI		D DIRE	ECTO	RS IN 12
SIGNATURE  12.  TITLE			13.		nature required			TO OFFI		D DIRE		RS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	LE	nature required			TO OFFI				
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90057 002 \*\*\*150.00