


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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F37333 (4) 1. Corporation Name PRO PAD EAST, INC.			
Principal Place of Business 4700 S.W. 51ST STREET, BAY 212 DAVIE FL 33314		Mailing Address 4700 S.W. 51ST STREET, BAY 212 DAVIE FL 33314	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent HETTEL, GERALD R 4700 S.W. 51ST STREET, BAY 212 DAVIE FL 33314		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD HETTEL, GERALD R 4700 SW 51ST STREET #212 DAVIE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD HETTEL, BEVERLY J 4700 SW 51ST STREET #212 DAVIE FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS			
14 CITY- ST- ZIP			
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY- ST- ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY- ST- ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY- ST- ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY- ST- ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY- ST- ZIP			
14. I do 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: Beverly Hettel Beverly Hettel 4-8-97 (954)587-8107 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)