## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PRO-IT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

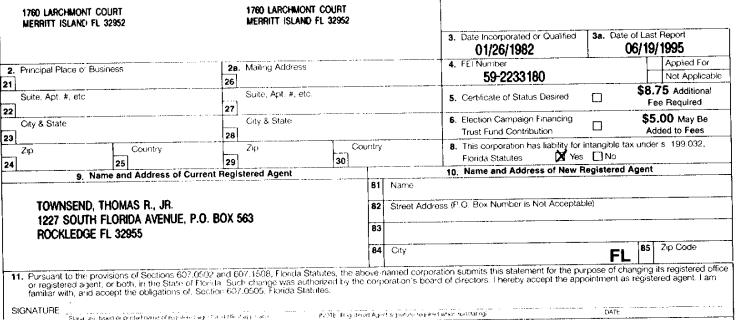
Principal Place of Business

F64579 **DOCUMENT #** Corporation Name

(8)

Mailing Address

ALLSTATE PALLETS, INC.



SIGNATURE -	ignal in a byped or printed name of registers bag into distil	Page (201)	El Risplatered Agent signature required	when reinstatings DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TOLE	Change Addition
NAME	ROMBARDO, FRANK P.		1.2 NAME	·
STREET ADDRESS	1760 LARCHMONT CIR		1.3 STHEFT ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY - ST - ZiP	
TITLE	STD	DELETE	2 1 TITLE	Change Addition
NAME	ROMBARDO, NANCY D.		2.2 NAME	
STREET ADDRESS	1760 LARCHMONT CIR		2 3 STHEEL ADDRESS	
	MERRITT ISLAND FL		2 4 Crty - ST - ZiP	
CITY-ST-ZIP TITLE	MCMITTIOE CO.	DELETE	3 t TIPLE	Change Addition
1 1			3.2 NAME	
NAME Prosest Approach			3.3 STREFT ADDRESS	
STREE1 ADDRESS			3 4 CITY - ST - ZIP	
CITY-ST-ZIP		☐ DELETE	4 1 TillE	Change Addition
TITLE		<u></u> .	4.2 NAME	
NAME			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY - ST - ZIP	
CITY-ST - ZIP		DELETE	5 1 TiTLE	☐ Change ☐ Addition
TITLE		L'I DECENE	5.2 NAME	
NAME			5.3 STREET ADDRESS	
STREE1 ADDRESS			1	
CITY - ST - ZIF		☐ DELETE	6 1 TILLE	Cnange Addition
TITLE		□ percu		
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
0.751 07 710			6.4 CHTY - ST - ZIP	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and once not quality for the exemption stated in Section 119.07(3)(k). 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 cartify that that I am an officer or director of the corporation or the receiver or sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachinest with an address.

SIGNATURE:

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice- hes 5/20,

CR2E034 (12/95)