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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F65412

DOCUI	MENT # <b>F654</b>	12 (1)					
1. Corporation D. A. I	n Name PRO ENTERPRISES, INC.	(1)					
0,,,,,	THO ENTERN MOLO, 1110.				I A <b>ra</b> ni <b>da</b> dina <b>a</b> nda ahin biada kana	Laidh daon aine an acan a	I I BH BHAN BURN I BRI
Principal Place	e of Business	Mailing Address					
338 WHITFIELD AVE 338 WHITFIELD AVE							
P O BOX 15	· · · · ·	P O BOX 15187					
SARASOTA F US	rl 39243	SARASOTA FL 34243 US			3. Date Incorporated or Qualified	3a. Date of Las	st Report
a District Di			24102-34-4		02/02/1982	05/01/	
2. Principal Pla	ncipal Place of Business 2a. Mailing Address 26				4. FEI Number		Applied For
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			\$8.75 Addition		Not Applicable
22		27			5. Certificate of Status Dosired		ee Required
City & State		City & State	City & State		6. Election Campaign Financing		.00 May Be
Zip	Country Zip		Country		Trust Fund Contribution  8 This corporation has liability for it	A0	ided to Fees
24	25 29 30		30	Country  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  No			18 199.032,
Name and Address of Current Registered Agent				Name	10. Name and Address of New R	egistered Agent	
HIGGINBOTHAM, LARRY E. 338 WHITFIELD AVE. SARASOTA FL 34243							
			82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
			83	**************************************			
			84	City		<b>—</b> 85	Zip Code
11. Pursuant to	a the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s the above-	named corpor	ration submits this statement for the purp	<u> </u>	
or registere familiar witi	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida Such change was authorize ction 607,0505. Florida Statutes	d by the corp	oration's boar	ation submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing f intment as registe	ts registered office red agent. I am
SIGNATURE							
12.	Signature, typed or printed name of registered ago OF FICERS At	nt and little if applicable (NOT ND DIRECTORS	t Registered Ager	nt signature requires		DATE	
TITLE	PST	DELETE 1.1			ADDITIONS/CHANGES TO OFFICE	JERS AND DIREC	
NAME	HIGGINBOTHAM, LARRY E.		1.2 NAME				Jo
STREET ADDRESS	338 WHITFIELD AVE SARASOTA FL		13 STREET ADDRESS				
CITY-ST-ZIP TITLE	DELETE		1.4 C-TY-ST-ZIP 2 1 TITLE				
NAME			2.2 NAME			☐ Chang	ge 🔲 Addition
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY - S	T-ZIP			
NAME I	DELETE		3. 1 TITLE			Chang	e 🔲 Addition
STREET ADDRESS	s I		3.2 NAME 3.3. STREET	ADDDECC			
CITY-ST-ZIP				I-ZIP			
TITLE		☐ DELETE	4. 1 TITL€			☐ Chang	e Addition
NAME Proces upperson			4.2 NAME				
STREET ADDRESS CITY-ST-ZIP			4.3 STREET				
TITLE		DELETE	4.4 CITY - ST	T-ZIP		Chore	. 🗀 🗠
NAME			5 2 NAME			Chang	e 🔲 Addition
STREET ADDRESS			5.3 STHEEL	ADDRESS			
CITY-ST-ZIP TITLE		Doute	5.4 CiTY - S1	1-7IP	77.44		
NAME	☐ DELETE		6. 1 TITLE	[		Chang	e Addition
STREET ADDRESS			6.2 NAME : 6.3 STREET.	ADDRESS			
CITY - ST - ZIP			64 CITY - ST	r. 71P			
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	hed and does	not qualify fo	r the exemption stated in Section 119.0	7/3//L) Florido Stol	tutos I furthos

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: Jany Ture and They

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR . HIGG INSO THAM 4/29/96 (941) 3.55- 75-76