

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhami
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G12386** (0)

1. Corporation Name

PRO-FORM, INC.



Principal Place of Business

**380 SW 12TH AVE
DEERFIELD BCH FL 33442
US**

Mailing Address

**380 SW 12TH AVE
DEERFIELD BCH FL 33442
US**

2. Principal Place of Business

2a. Mailing Address

21 **1151 SW 30th Street**

26 **1151 SW 30th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite F**

27 **Suite F**

City & State

City & State

23 **Palm City, Florida**

28 **Palm City, Florida**

Zip

Country

Zip

Country

24 **34990**

25 **Martin**

29 **34990**

30 **Martin**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/08/1982

3a. Date of Last Report

07/11/1995

4. FEI Number

59-2239494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**CLINGAN, EARL STANLEY
1108 S.W. LYNWOOD LANE
PALM CITY 34990**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent or officer/director

(Date) Registered Agent Signature (Date)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CLINGAN, EARL STANLEY**
STREET ADDRESS **1108 S.W. LYNWOOD LANE**
CITY-STATE-ZIP **PALM CITY FL**

TITLE **V** ☐ DELETE
NAME **CLINGAN, GLENN ALLAN**
STREET ADDRESS **2711 SW 18TH STREET**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **V** ☐ DELETE
NAME **CAMPBELL, DANIEL W**
STREET ADDRESS **735 NE 32ND ST**
CITY-STATE-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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:

Earl Stanley Clingan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96
DATE

407-223-5233
TELEPHONE #

CR2E034 (12/95)