

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H80340**

(3)

1. Corporation Name

PROMAN AMERICA, INC.

Principal Place of Business

**633 N.W. 8TH AVENUE
GAINESVILLE FL 32601**

Mailing Address

**633 N.W. 8TH AVENUE
GAINESVILLE FL 32601**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

10/10/1985

3a. Date of Last Report

01/31/1995

4. FCI Number

59-2628296

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

9. Name and Address of Current Registered Agent

**BARBER, W. HENRY JR.
203 N.E. 1ST STREET
GAINESVILLE FL 32601**

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

FL

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) and title (if applicable)

(NOTE: Registered Agent's signature is not required when registering)

Date

OFFICERS AND DIRECTORS

☐ DELETE

12.	TITLE	PD
	NAME	NORLING, LARS-ERIK
	STREET ADDRESS	VALHALLSVAGEN 49/S-262
	CITY- ST- ZIP	62 ANGELHOLM, SWEDEN
	TITLE	<input type="checkbox"/> DELETE
	NAME	
	STREET ADDRESS	
	CITY- ST- ZIP	
	TITLE	<input type="checkbox"/> DELETE
	NAME	
	STREET ADDRESS	
	CITY- ST- ZIP	
	TITLE	<input type="checkbox"/> DELETE
	NAME	
	STREET ADDRESS	
	CITY- ST- ZIP	
	TITLE	<input type="checkbox"/> DELETE
	NAME	
	STREET ADDRESS	
	CITY- ST- ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1	TITLE	
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY- ST- ZIP	
2.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY- ST- ZIP	
3.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY- ST- ZIP	
4.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY- ST- ZIP	
5.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY- ST- ZIP	
6.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY- ST- 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:

Lars-Erik Norling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 March, 1996
Date

770-287 7577
Outside Phone

CR2E034 (12/95)