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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

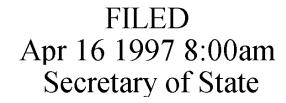
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PRO-CITE, INC.

(0)

Principal Place of Business

Mailing Address





Salic April 8. CC SARIA April 8	860 ROBIN WA SATELLITE BE		660 ROBIN WAY NORTH SATELLITE BEACH FL 32897	7-3432				
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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Fursiant to the processors of Scotions 607 door 2 and 607 1508, Florida Statutes, the above-named corporations submitte this statement for the purpose of changing its registered agent and incompanies of scotions 607 door 2 and 607 1508, Florida Statutes, the above-named corporations submitte this statement for the purpose of changing its registered agent and incompanies of scotions 607 door 6	23		28 SATELLITE BE	ACH, F	<u> </u>	·		
SCHMIDT, GREGORY MARK 880 ROBIN WAY NORTH SATELLITE BEACH FL 32837 11. Pursuant to the provisions of Sections 607.0502 and 807 1508, Florida Statutes. The above-named corporation submits this slatement for the purpose of changing its registere ediction or registered agent, or hobt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and name and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. Name 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 1011 1011 1011 1011 1011 1011 1011 1012 1014 1015 1014 1015 1015 1016 1017 1017 1018 1018 1019 101	Zip 24	25	29 32927-2457		У	Florida Statutes	Yes No	der s. 199.032,
SCHMIDT, RetCOTH MAY SATELLITE BEACH FL 32837 82 Street Address (P.O. Box Number is Not Acceptable) 83 PM City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80			rrent Registered Agent			10. Name and Address of New Rec	jistered Agent	
SATELLITE BEACH FL 32937 Ba				81	Name			
## City ## Cit						ress (P.O. Box Number is Not Acceptab	e)	
President 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 agent, or hort, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. Signature				8.	1			
11. President to the provisions of Socians 607 6509 and 607 1508. Floride Statutes, the above-nemed corporation submits this statement for the purpose of changing its registere office or registerical agent, it and statutes. SIGNATURE				84	City		FI 85	Zip Code
agent land relative with and accept the obligations of, Section 607 5005, Florida Studies. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INF. SCHMIDT, GREGORY MARK 680 ROBIN WAY N STRELLITE BEACH FL DELETE 11 Change Additional Street Address S OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INF. SCHMIDT, GREGORY MARK 680 ROBIN WAY N SATELLITE BEACH FL DELETE 21 TITLE Change Additional Street Address S OFFICE RS AND DIRECTORS S 14 CITY-ST-2P INF. INF. DELETE 21 TITLE Change Additional Street Address S OFFICE RS AND DIRECTORS S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INF. CHANGE SHEEL ADDRESS OFFICE RS AND DIRECTORS S 14 CITY-ST-2P INF. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CH		t to the provisions of Sections 607	0502 and 607 1508. Florida Statute	s the abov	re-named cor	poration submits this statement for the p		ning its registered
Squit May be provided many temperature of proprieteral agent and seed in agriculture of pagent signature requised when remarkation) OATE	office or	registered agent, or both, in the S	State of Florida. Such change was a	uthorized b	ov the corpora	tion's board of directors. I hereby accep	t the appointme	int as registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE							
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I do hereby certify that the information supplied with this information indicated on this annual report or supplement am an officer or director of the corporation or the record or does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the application of the same legal effect as if made under oath; that if trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: