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

**PRCFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

**/01** 

1. Corporatio	Name EW CORP.	90 (9)					:
Principal Place	e of Business	Mailing Address					<u> </u>
% RICHARD 106 PINEVIE JUPITER FL	F. LYNCH W ROAD	% RICHARD F. LYNCH 106 PINEVIEW ROAD JUPITER FL 33469-311					
US		US	•		<ol> <li>Date Incorporated or Qualified</li> <li>12/28/1988</li> </ol>	I	te of Last Report <b>04/04/1995</b>
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0092355		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
<b>23</b> Zip	Country	<b>28</b>	Country		Trust Fund Contribution  8. This corporation has liability for		Added to Fees
24	25	29	30		Florida Statutes 🔲 Ye	as 风 No	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New	Registered	J Agent
LYNCH	RICHARD F.						
106 PIN	EVIEW ROAD		82	Street Add	ress (P.O. Box Number is Not Accepte	able)	
JUPITER	R FL 33469		83				
			84	City	- <del></del>	Fl	85 Zip Code
11. Pursuant or register familiar wi SIGNATURE	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec Signature, typed or printed name of registered agen				ration submits this statement for the p rd of directors. I hereby accept the ap		nanging its registered office s registered agent. I am
12.		ND DIRECTORS	TE: Registered Agent	t signature require	d wher reinstaling)  ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1 1 TITLE				☐ Change ☐ Addition
NAME	LYNCH, RICHARD F.		1.2 NAME				
STREET ADDRESS	106 PINEVIEW ROAD JUPITER FL		1.3 STREET	1			
CITY+S1-ZIP TITLE	JUPITER PL	☐ DELETE	1.4 CITY-ST 2. 1 TITLE	T-ZIP		<del></del>	☐ Change ☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY- \$1	- ZIF	40-m-10-		
TITLE		☐ DELETE	3. 1 TITLE				Change Addition
NAME STREET ADORESS			32 NAME				
CITY-ST-ZIP			3.3. STREET 3.4 CITY - ST				
THILE		☐ DELETE	4 1 TITLE	- 217			Change Addition
NAME		_	4 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	-ZiP			
TITLE		DELETE	5 1 TITLE				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		ET DELETE	5.4 CITY - ST	- 21P			
TITLE		□ DELETE	6. 1 TITLE				Change Addition
NAME STREET ADDRESS			6.2 NAME				
STREET ADDRESS CITY-S1-ZIP			6.3 STREET A				
	L	with this filing is voluntarily furni	64 CITY-ST shed and does	not qualify for	or the exemption stated in Section 119	9.07(3)(k), Fi	orida Statutes. I further

To the by Certify that the information indicated on this liming is voluntarily furnished and obes not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. If 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:

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*SIGNATURE\*\*

\*\*Despire\*\*

\*\*Despire\*\*