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 # K67126 (8)

1. Corporation Name
PRO-C, INCORPORATED

Principal Place of Business	Mailing Address
312 DANUBE AVE APT 204 TAMPA FL 33606 US	312 DANUBE AVE APT 204 TAMPA FL 33606 US

2. Principal Place of Business	2a. Mailing Address
21 100 W KENNEDY BOULEVARD	26 100 W KENNEDY BOULEVARD
Suite, Apt. #, etc 22 SUITE 350	Suite, Apt. #, etc. 27 SUITE 350
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip 24 33602-5832 Country 25 USA	Zip 29 33602-5832 Country 30 USA

3. Date Incorporated or Qualified: 02/21/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2939469 ☐ 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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CLAIRE JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): SUITE 350
83 100 WEST KENNEDY BOULEVARD
84 City: TAMPA FL 85 Zip Code: 33602-5832

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: Claire Johnson — 20TH FEBRUARY 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, DAVID		1.2 NAME	
STREET ADDRESS	~~708 GLASGOW ST~~		1.3 STREET ADDRESS	100 W KENNEDY BLVD, STE 350
CITY-ST-ZIP	~~KITCHENER, ONT, CANADA~~		1.4 CITY-ST-ZIP	TAMPA, FL 33602-5832, USA
TITLE	EVD	☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, CLAIRE		2.2 NAME	
STREET ADDRESS	~~708 GLASGOW ST~~		2.3 STREET ADDRESS	100 W KENNEDY BLVD, SUITE 350
CITY-ST-ZIP	~~KITCHENER, ONT, CANADA~~		2.4 CITY-ST-ZIP	TAMPA, FL 33602-5832, USA
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	300001730403
TITLE		☐ DELETE	4.1 TITLE	-03/04/96--01034--011 ☐ Change ☐ Addition
NAME			4.2 NAME	***200.00
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	400001730404
TITLE		☐ DELETE	5.1 TITLE	-03/04/96--01034--012 ☐ Change ☐ Addition
NAME			5.2 NAME	***8.75
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	3/1

CR2E034 (12/95)

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: Claire Johnson — 20th FEBRUARY 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CLAIRE JOHNSON