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 # L10805

(4)

1. Corporation Name

Principal Place of Business

AMERICA ON WHEELS, INC.

Mailing Address

500 SOUTHWEST 6TH COURT POMPANO BEACH FL 33060

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3. Date Incorporated or Qualified 3a. Date of Last Report

						08/21/1989	0	8/03/	1995	
2. Principal Plac	ipal Place of Business 2a, Mailing Address					4. FEI Number		Applied For		
21		26			65-0142003			Not Applicable		
Suite, Apt. #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be	
23		28				Trust Fund Contribution			led to Fees	
Zip	Country	Zip	Count	try		8. This corporation has liability for inf		k under	s 199.032,	
24	25	29	30			Florida Statutes	<u> </u>			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
					Name					
CHINIARA, ANTHONY					82 Street Address (P.O. Box Number is Not Acceptable)					
1132 CORAL CLUB DR.										
CORAL	SPRINGS FL 33071		8	13					Ţ	
			8	4	City	· · · · · · · · · · · · · · · · · · ·	FL	85	Zip Code	
or registere	o the provisions of Sections 607.0502 of agent, or both, in the State of Florid n, and accept the obligations of, Section	 a. Such change was authorize 	s, the above d by the co	L- e-na rpor	imed corporati ration's board (on submits this statement for the purp of directors. I hereby accept the appoin	ose of cha ntment as	nging it: register	s registered office ed agent. I am	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title il applicable (NOT	E: Registered A	gent s	signature required w		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	TORS IN 12	
TITLE	DP	☐ DELETE	1, 1 TITL	.E	An	THONY CHINIARA	(4	Chang	e 🔲 Addition	
NAME	CHINIARA, ANTHONY		1.2 NAM		111	SO N.W. 20 COURT	_			
STREET ADDRESS				ADDITIONS/CHANGES TO OFFICERS AND DIJECTORS IN 12 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP CORAL SPRINGS FL. 3307/						
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY		ZIP COA	CAL STRINGS H	<u>در ر</u>	07	<i>,</i>	
TITLE	VP	DELETE	2 1 TiTL] Chang	e 🔲 Addition	
NAME	MANCUSO, ALBERT C		22 NAM	1E						
STREET ADDRESS				EET A	DDRESS					
CITY - ST - ZIP				4 City-St-ZiP						
TITLE	☐ DELETE 3 1		3 1 1/11	3 1 TITLE			L] Chang	e 🔲 Addition	
NAME			3 2 NAM	1E						
STREET ADDRESS			3.3. STR	EET A	NDDRESS					
CITY-ST-ZIP			3.4 CITY		· ZIP			.		
TITLE		DELETE	4, 1 TITL] Chang	e	
NAME			4 2 NAM							
STREET ADDRESS			4 3 STRE	EET A	DORESS					
CITY-ST-ZIP			4.4 CITY		- ZIP			-		
TITLE		☐ DEFELE	5. 1 TITL] Chang	e 🔲 Addition	
NAME			5.2 NAM	1E						
STREET ADDRESS			5.3 STR	EET A	DDRESS					
CITY-ST-ZIP			5.4 CITY	'- ST-	- ZIP					
T:TLF		☐ DELETE	6. 1 TITU	.E] Chang	e 🔲 Addition	
NAME			6.2 NAM	1E						
STREET ADDRESS			6.3 STR	EETA	DDRESS					
City-ST-ZiP			6.4 CITY							
14. I do hereby	certify that the information supplied v	with this filing is voluntarily furnit	shed and do	oes	not qualify for	the exemption stated in Section 119.0	7(3)(k), Flor	ida Sta	tutes. I further	

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Flurther 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.