

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90105 025 \*\*\*150.00

0004437

DOCUMENT # L29190

1. Corporation Name  
PROACTIVE SOLUTIONS, INC.

Principal Place of Business

4584 N HIATUS RD  
SUNRISE FL 33351  
US

Mailing Address

10097 CLEARY BLVD  
SUITE 223  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1989

4. FEI Number

65-0155696

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4584 North Hiatus Rd

23 City & State

27 Suite, Apt. #, etc.

28 Sunrise, FL

24 Zip

Country

29 Zip

30 33351

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOBIER, RICHARD  
10097 CLEARY BLVD  
#223  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4584 North Hiatus Road

83

84 City Sunrise

FL

85 Zip Code 33351

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 signature required when reinstating)

DATE

1/11/1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE

NAME TOBIER, RICHARD  
STREET ADDRESS 10097 CLEARY BLVD., #223  
CITY-ST-ZIP PLANTATION FL

TITLE P ☐ DELETE

NAME TOBIER, SHEILA  
STREET ADDRESS 10097 CLEARY BLVD., #223  
CITY-ST-ZIP PLANTATION FL

TITLE V ☐ DELETE

NAME MAYER, MORRIS  
STREET ADDRESS 10097 CLEARY BLVD., #223  
CITY-ST-ZIP PLANTATION FL

TITLE T ☐ DELETE

NAME MAYER, FRAN  
STREET ADDRESS 10097 CLEARY BLVD., #223  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4584 North Hiatus Road  
Sunrise, FL 33351

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/1999

954 572-8211

Date

Daytime Phone #

CR2E034 (11/98)