FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M53727 PROEX INC. Mailing Address Principal Place of Business 11760 N.W. 9TH STREET 11760 N.W. 9TH STREET PLANTATION FL \$3325 PLANTATION FL 33325 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1987 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2812857 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. M 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name GOLDING, DERRICK B. 5321 S.W. 7TH STREET Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 83 Zip Code 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 little if applicable (NOTE Registered Agent argnature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change Addition 1.1 TOLE TITLE GOLDING, DERRICK B. NAME 1.2 NAME **5**321 S.W. 7TH STREET 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE GOLDING, FAY M. 2.2 NAME NAME **5321 S.W. 7TH STREET** 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ DELETE 6.1 TITLE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed, or provided that my name appears in Block 12 or Block 13 if changed that my name appears in Block 12 or Block 13 if changed that my name appears in Block 12 or Block 13 if changed that my name appears in Block 12 or Block 13 if changed that my name appears in Block 12 or Block 13 if changed that my name appears in Block 12 or Block 13 if changed that my name appears in Block 13 if changed that my name appears in Block 13 if changed that my name appears in Block 13 if changed that my name appears in Block 13 if changed that my name appears in Block 14 if ch

6.2 NAME

6.3 STREET ADORESS

CIGNATURE.

NAME

STREET ADDRESS

CITY-ST-ZIP

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(305) 264-6642