

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90077 004 ****70.00

DOCUMENT # N98000000419

1. Corporation Name

PROART INSTITUTE, INCORPORATED

Principal Place of Business

142 UNIVERSITY CIRCLE
ORMOND BEACH FL 32176

Mailing Address

142 UNIVERSITY CIRCLE
ORMOND BEACH FL 32176



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

59-3516517

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RILEY, STEVEN P ESQUIRE
3333 HENDERSON BLVD.,STE.150
TAMPA FL 33609-2984

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
WOZNAK, DANIEL F
STREET ADDRESS
172 DEER LAKE CIRCLE
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME
RILEY, GERTRUDE
STREET ADDRESS
142 UNIVERSITY CIRCLE
CITY-ST-ZIP
ORMOND BEACH FL 32176

TITLE ☐ DELETE

NAME
PARKER, BETTY
STREET ADDRESS
2115 S. PENINSULA DR.
CITY-ST-ZIP
DAYTONA BEACH FL 32118

TITLE ☐ DELETE

NAME
AIMONE, STEVE
STREET ADDRESS
116 1/2 N. WOODLAND BLVD.
CITY-ST-ZIP
DELAND FL 32720

TITLE ☐ DELETE

NAME
WOZNAK, HELEN
STREET ADDRESS
172 DEER LAKE CIRCLE
CITY-ST-ZIP
ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(f), 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 617, 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:

Robert M. Pfeiffer

2/24/99 (roy) 255-8668

CR2E037 (1/98)