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PRO-IT CORPORAT ANNUAL REPORT 1999		DI AR MENT C Cherry Harri Cretal of State	A. Dins
(C)	MOON		

DOCUMENT # DIVSO 1. Corporation Name FILED

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SECRETARY OF STATE
TACLARY OSEE, FUORIDA

59045	57 ONTARIO	LIMITES	D, "CURI	PORATION	TARLEMINIOUE. 1 Company
CANAD 2. Principal Place of B Q S AL Suite, Apt. #, etc. City & State Zip L&L/ 7_4 9. Na JCAN	Country Cou	3 8 S HAW Za. Mailing Z6 AS City & S Zip Zip Zip Zip Zip Zip Zip Zi	TER SCO SCNATO JILTON, ANADA Address ABOV pt. #, etc.	R AVE ONTARIO L &L IZ Country O CANADO	4. FEI Number 98-0082339 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year intangible Personal Property Tax. 10. Name and Address of New Registered Agent
	HARBOR DI				ddress (P.O. Box Number is Not Acceptable)
IND	IAN ROCKS	BEHCH, F	L 33/83	S 83	
				84 City	FL 85 Zip Code
office or registered	ovisions of Sections 607.0 Tagent, or both, in the Sta er with and accept the obli	te of Florida. Such	change was auth	orized by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature,	typed or printled name of registered a	gent and title if applicable.	(NOTE: Re	gistered Agent signature rec	quired when reinstating) DATE
12.		AND DIRECTORS	·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	ORGE SCOTT		☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME 430 STREET ADDRESS 711) HARBORDI DIAN ROCK	S REACH	FL.	1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	DIMO REGIO	337 337		1.4 CITY-ST-ZIP	
ì	LIER SCOTT	_	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME 38	SENATOR A	17 , , , , , , , , , , , , , , , , , , ,		2.2 NAME	3000031180836
			IDENT	2.3 STREET ADDRESS	-02/01/0001055018 ****150.00 ****150.00
CITY-ST-ZIP	MILTON	ARIO CA	NADAL	B4ch24_	
	RETARY		□.DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME TEC	an Scott			3.2 NAME	
STREET ADDRESS 420	AN SCOTT HARBOR P DI AN RO	r: S	C/ 22-07	3.3 STREET ADDRESS	
	DIAN KU	UKS 15 UH, 1	-L 35785	3.4. CITY-ST-ZEP	☐ Change ☐ Addition
TITLE			□ DEFEIE .	4.1 TITLE 4.2 NAME	Change nounton
-				4. 2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS				4.3 STREET ADDRESS	
TITLE		- 	☐ DELETE	5.1 TITLE	Change Addition
NAME				5.2 NAME	_ •
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	a # l
STREET ADDRESS				6.3 STREET ADDRESS	
CITY ST ZIP				6.4 CITY-ST-ZIP	
		148 41 1 6711	and the second		in Constant 440 07/0/// Florida Ctablesa I Elektra andifilithat the information

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 addressy with all other like empowered.

SIGNATURE:

IGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 10, 1999 (727)