## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PRCFIT CORPORATION ANNUAL REPORT

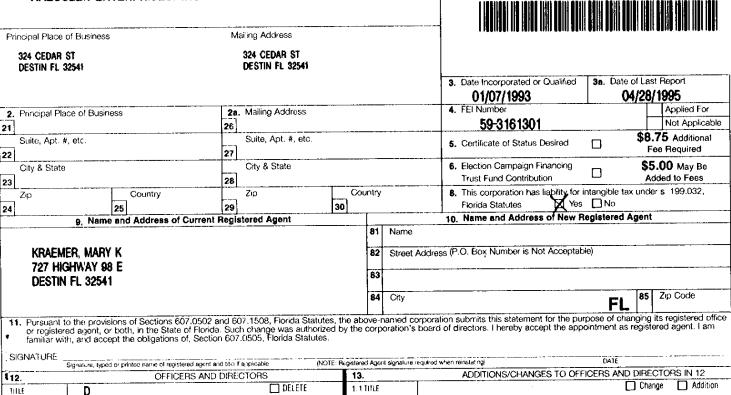


FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

| 1. Corporation Name        | F93000001091 | (0) |  |  |  |  |
|----------------------------|--------------|-----|--|--|--|--|
| HAEUSLER ENTERPRISES, INC. |              |     |  |  |  |  |



| . SIGNATURE _   | signature, typed or printed name of registered agent and the if a phicable | (NOTE: Re | gistered Agent signature requi | red when reinstating) | DATE  |          |            |
|-----------------|--|-----------|--------------------------------|-----------------------|---|----------|------------|
| 112.            | OFFICERS AND DIRECTORS   |           | 13.                            |                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |            |
| TITLE           |  | DELETE    | 1. 1 TITLE                     |                       |   | ☐ Change | Addition   |
| NAME            | HAEUSLER, STEVEN R   |           | 1.2 NAME                       |                       |   |          |            |
| SIREFT ADDRESS  | 324 CEDAR ST   | ľ         | 1.3 STREET ADDRESS             |                       |   |          |            |
| CHTY-ST-ZIP     | DESTIN FL 32541  |           | 1.4 CITY - ST - ZIP            |                       |   |          |            |
| TITLE           |  | DELETE    | 2. 1 TiTLE                     |                       |   | ☐ Change | ☐ Addition |
| NAME            | HAEUSLER, KELLY A  |           | 2.2 NAME                       |                       |   |          |            |
| STREET ADDRESS  | 324 CEDAR ST   |           | 23 STREET ADDRESS              |                       |   |          |            |
| C(1)Y+ST-Z(P    | DESTIN FL 32541  |           | 2.4 CITY - ST - ZIP            |                       |   |          |            |
| TITLE           |  | DELETE    | 3. 1 TITLE                     |                       |   | ☐ Change | ☐ Addition |
| NAME            |  |           | 3.2 NAME                       |                       |   |          | •          |
| STHEFT ADDRESS  |  |           | 3.3 STREET ADDRESS             |                       |   |          |            |
| CITY-ST-ZIP     |  |           | 3.4 CITY - ST - ZIP            |                       |   |          |            |
| THLE            |  | DELÈTE    | 4. 1 TOLE                      |                       |   | Change   | Addition   |
| NAME            |  |           | 4.2 NAME                       |                       |   |          |            |
| STREET ADDRESS  |  |           | 4.3 STREET ADDRESS             |                       |   |          |            |
| CITY - ST - ZIP |  |           | 4.4 CITY-S1-ZIP                |                       |   |          |            |
| TITLE           |  | DELEYE .  | 5 1 TITLE                      |                       |   | ☐ Change | ■ Addition |
| NAME            |  |           | 5.2 NAME                       |                       |   |          |            |
| STREET ADDRESS  |  |           | 5 3 STREET ADDRESS             |                       |   |          |            |
| CITY-ST-ZIP     |  |           | 5.4 CITY-ST-ZIP                |                       |   | F7 A:    |            |
| TITLE           |  | DEFELE    | 6 1 TITLE                      |                       |   | ☐ Change | ☐ Addition |
| NAME            |  |           | 6.2 NAME                       |                       |   |          |            |
| STREET ADDRESS  |  |           | 6 3 STREET ADDRESS             |                       |   |          |            |
| CITY ST. 7IP    |  |           | 6.4 CITY - ST - ZIP            |                       |   |          |            |

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

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR