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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000070079

PRO-LIFER, INC.

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90114 012 \*\*\*150.00



•	ice of Business .	Mailing Address				-  LEBY	1881   18 1848   1411 <b>8</b> 8		OFFICER AND LA		
7221 NW 54	- ·	7221 NW 54 ST									· ·*** (88)
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						3. Date Incor	porated or Qualit	fed			
2. Principal	Diago of D					10/08/1					
$\neg$	Place of Business	2a. Mailing Address	-			4. FEI Numbe				Δ	plied For
Suite, Apt	# oto	26				65-0440	901		ŀ	<del></del> -	t Applicable
2	t. #, etc.	Suite, Apt. #, etc.				T		. 5	\$8		Additional
City & Sta	ate	27				J. Certificate (	of Status Desired				quired
3		City & State				6. Election Ca	ampaign Financir	1g	\$1	5 00	May Be
Zip	Country	28					Contribution	" 🗆			o Fees
7 - 1		Zip		ıntry		8. This corpor	ration owes the c	urrent year			<del></del>
4	9. Name and Address of Curr	29	30	r		Personal P	roperty Tax	•	<b>⊠</b> Ye	s	□No
	5. Name and Address of Curr	ent Registered Agent				10. Name and	Address of Nev	w Register	ed Agent		
LEA	O, SERGIO			81	Name			_			
	1 N.W. 54 STREET			82	Street Addres	s (P.O. Box Nur	mber is Not Acce	ntable)			
	MI FL 33166		į			o (i .o. box mai	ilber is Not Acce	равів)			
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•			-	84 (	City						
			I		City	•		F	85	Zip Ç	
<ol> <li>Pursuant</li> </ol>	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	602 and 607.1508, Florida Statu	tes, the at	bove-n	named compra	ation submits this	s statement for the			on ite	ragistared
	m familiar with d	e or Florida. Such change was :	authorized				ore I beselve	ent the an	pointment	as reg	istered
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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 efficiency 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.

IGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* 9-5-99
Date