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PRCFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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SIGNATURE

DOCUMENT #
1. Corporation Name

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COLECTURE	ULCAN.	11111

Principal Place of Business Mailing Address 7491 NORTH FEDERAL HWY. 7491 NORTH FEDERAL HWY. **BOCA RATON FL 33487 BOCA RATON FL 33487** 3a. Date of Last Report 3. Date Incorporated or Qualified 11/01/1993 04/27/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0449954 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s 199.032, Yes 🗆 No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WARWICK, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 7491 NORTH FEDERAL HWY. 83 **BOCA RATON FL 33487** 84 City 85 Zip Code 17:05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am of, Section 607.0505 orida Statutes. Pursuant to the provisions of Se or registered agent, or bo JBHN A. WARWICK
INCTE: Registered Agent signature required when reinstating? SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. CR2E034 (12/ Change Addition ☐ DELE1E 1.1 TITLE 1IFLE WARWICK, JOHN 1.2 NAME NAME 2625 N.W. 31ST ST. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 3343-4** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE WARWICK, JUDY 22 NAME NAME 2625 N.W. 31ST ST. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 3343-4** 24 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIE Change Addition DELETE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELFTE ☐ Change Addition 6 1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 Statules. 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 cerporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ith an address.

SIGNING OFFICER OR DIRECTOR A. WARWICK 4/22/56 407-241-9840