

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90007 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000002153

1. Corporation Name PRO CONTRACTING, INC.

Principal Place of Business: 2191 LAKE DEBRA DR APT 316 ORLANDO FL 32835 US
Mailing Address: 2191 LAKE DEBRA DR APT 316 ORLANDO FL 32835 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1994
4. FEI Number: 59-3223540
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip (25) Country (29) Country (30)

9. Name and Address of Current Registered Agent: FILINGS INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS (1.1-1.4)
1.1 TITLE: D
1.2 NAME: PROHASKA, ROBERT
1.3 STREET ADDRESS: 2191 LAKE DEBRA DR APT 316
1.4 CITY-ST-ZIP: ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4)

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 address, with all other like empowered.

SIGNATURE: X [Signature] 3-4-99 407-291-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)