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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000041812 (6)

1. Corporation Name
PRO-CURE SUN, INC.



Principal Place of Business
5050 HAMILTON ROAD
SUITE 1
VERO BEACH FL 32968

Mailing Address
5050 HAMILTON ROAD
SUITE 1
VERO BEACH FL 32968-7501

3. Date Incorporated or Qualified 06/06/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 710 24th Place S.W.
22 Suite 1
23 VERO Beach, FL
24 32962 25 USA

2a. Mailing Address
26 710 24th PLACE S.W.
27 Suite 1
28 VERO Beach, FL
29 32962 30

4. FEI Number 65-0505161
Applied For Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BAILEY, COLEEN J
5050 HAMILTON ROAD
SUITE 1
VERO BEACH FL 32968

10. Name and Address of New Registered Agent
81 Name COLEEN J. BAILEY, President
82 Street Address (P.O. Box Number is Not Acceptable) 710 24th PLACE S.W., Suite 1
83
84 City VERO Beach, FL 85 Zip Code 32962

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 *Coleen J. Bailey* (NOTE: Registered Agent signature required when reinstating) DATE 4/29/97

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BAILEY, COLEEN J
STREET ADDRESS 710 24TH PLACE SW
CITY-ST-ZIP VERO BEACH FL 32962
TITLE VD
NAME AMERIKANOS, PRISCILLA
STREET ADDRESS 5050 HAMILTON ROAD
CITY-ST-ZIP VERO BEACH FL 32968
TITLE
NAME
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Coleen J. Bailey* DATE 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
700002184697
-05/20/97--01033--025
***165.00
561-569-2501

CR2E034 (9/96)