FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000042593 (1)**

1. Corporation Name

PRO LINE EXPRESS, INC.

Principal Place of Business	Mailing Address
5051 SW 43RD TERR. FT. LAUDERDALE FL 33314	5051 SW 43RD TERR. FT. LAUDERDALE FL 33314

2. Principal Place of Business
21: 11526 N.W. 10 St
22: Suite, Apt. #, etc.
23: City & State: Pembroke Pines, Fla
24: Zip: 33026
25: Country

2a. Mailing Address
26: 11526 N.W. 10 St.
27: Suite, Apt. #, etc.
28: City & State: Pembroke Pines, Fla
29: Zip: 33026
30: Country

3. Date Incorporated or Qualified: 06/03/1994

3a. Date of Last Report: 03/23/1995

4. FEI Number: 65-0498686 ☐ 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

BATTISTI, JOSEPH G
5051 SW 43RD TERR.
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11526 N.W. 10st
83
84 City: Pembroke Pines FL 85 Zip Code: 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BATTISTI, JOSEPH G 5051 SW 43RD TERR. FT. LAUDERDALE FL 33314	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BATTISTI, CYNTHIA 5051 SW 43RD TERR. FT. LAUDERDALE FL 33314	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	11526 N.W. 10 Street Pembroke Pines, Fla. 33026	☑ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	11526 N.W. 10 Street Pembroke Pines, Fla - 33026	☑ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: JOSEPH BATTISTI Joseph Battisti 3/25/96 (954) 438-6850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #