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

PRCFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015039

1. Corporation Name

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90126 042 ***150.00

Principal Place 68 GULFWINDS PALM HARBOR 2. Principal Place	DR. WEST FL 34685 lace of Business SUIFWINDS Dr. W	Mailing Address 68 GULFWINDS DR WEST PALM HARBOR FL 34685 2a. Mailing Address 26 US GULFULY Suite, Apt. #, etc.	nds !	<u>\</u> \r.∪	<i>۵</i> .	DO NOT WRIT 3. Date Incorporated or Qualifed 02/22/1995 4. FEI Number 59-33064 10 5. Certificate of Status Desired	E IN THIS SPACE	Applied F. Not Applie	cable	
22 City & State City & State 23 Palm Harbor, FL 28 Palm Harbor						Election Campaign Financing Trust Fund Contribution	— Fe	\$5.00 May Be Added to Fees		
Zip 24 340	Country 8 3 25 9. Name and Address of Current I	Zip 29 34683 30 Registered Agent	Country 81	Name		This corporation owes the curre Personal Property Tax. Name and Address of New Re	☐Yes	, □No		
CRUZ, RON 68 GULFWINDS DR. WEST PALM HARBOR FL 34683			82 83	Street		Address (P.O. Box Number is Not Acceptable)				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CRUZ, RON 68 GULFWINDS DR. WEST PALM HARBOR FL 34685		1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- ST		34		Property Con-	1	ddition	
NAME STREET ADDRESS CITY-ST-ZIP	22 NA 23 ST		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S				Cha	nge LA	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32 NA 33 ST		3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S				☐ Cha	nge □A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	ADDRESS			Cha	nge A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS			☐ Cha	nge □ A	ddition	
TITLE NAME STREET ADDRESS	<u>.</u>	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET				□ Cha	nge □ Ar	ddition	

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 one in attachment with an address, with all other like empowered.

SIGNATURE: