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PROHIT CORPORATION ANNUAL REPORT

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ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000024877 (9)

## FILED Jun 25 1998 8:00am Secretary of State

AMERICAN SHIELD, INC. Mailing Address Principal Place of Business 1172 RAINTREE LN 1172 RAINTREE LN WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 <u>65-0575640</u> 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Flection Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CLOSE, THOMAS V 12794 W FOREST HILL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 11A 83 WELLINGTON FL 33414 City 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida 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 Tonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Tregistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D DELFTE Change Addition TITLE 111006 HAMMACK, DALE S NAME 1.2 NAME 1172 RAINTREE LN STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIF 1.4 City - \$1 - 70 DITTE Change Addition TITLE 2.1 TITLE JOST, JOANNE NAME 2.2 NAMI 1202 RAINTREE LN STREET ADDRESS 2.3 STHEET ADDRESS **WEST PALM BEACH FL 33414** CITY-ST-ZIP 2. 4 CHY+S1-ZIP Change DECLIE 3.1 BITTE Addition NAME **HAMMACK, MARIANNE** 3 2 NAME 1172 RAINTREE LN STREET ADDRESS 3.3 STREET ADDRESS **WEST PALM BEACH FL 33414** CITY - S1 - ZIP 3.4 CHY- ST- ZIP DELETE Change Addition TITLE 41 HILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELÉTE Change Addition TITLE 5 1 THILF 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(1Y - S1 - ZIP CITY-ST-ZIF DITTE Addition 6111116 Change TITLE 62 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - \$1 - Z(P

14. Thereby certify that the information supplied with this bling 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the necessary or freeter 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 any than threat with an address.

SIGNATURE: