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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000027767 (9)

PROBIS, INC.

## **FILED** Apr 21 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE
hate Incorporated or Qualified

			· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business Mailing Address					
7455 W FLAC MIAMI FL 33		7455 W FLAGLER ST MIAMI FL 33144		DO NOT WRITE IN THI	P PDACE
				3. Date incorporated or Qualified	5 SPACE
				04/07/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0573287	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zψ	Gountry 30	<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible
[24]	25 25 Name and Address of Curren	29  nt Registered Agent	1301	10. Name and Address of New Registere	<del></del>
CH	HADDOCK, CRAIG M		81 Name		
	55 W FLAGLER ST		00 0	description of the state of the	
	AMI FL 33144		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1377			83		
			04 00.		or Zin Codo
			84 City	F	85 Zip Code
SIGNATURE	Signature: typed or protect name of registered age OFFICERS AND	D DIRECTORS	Registered Agent signature requ  13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	☐ DELETE	1110LF		☐ Change ☐ Addition
NAME	CHADDOCK, CRAIG M SR.		1.2 NAME		
STREET ADDRESS	7455 W FLAGLER ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE		[_] DETELE	2.1 THILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	2 4 CHY-ST-ZIP 31 THLE		☐ Change ☐ Addition
NAME		Figure	32 NAME		change radiitoi
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-\$1-7IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STHEFT ADDRESS		
CITY - ST - ZIP			5.4 C(TY - ST - 7)P		Change Again
TITLE		DEFETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 C(TY-ST-ZIP		

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 is supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the poceing 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 or an adjustment with an additions.

(305)