


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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000030079 (4) 1. Corporation Name PRODUX CORPORATION					
Principal Place of Business 3300 SOUTH CONGRESS AVE. STE 19 BOYNTON BEACH FL 33426			Mailing Address 3300 SOUTH CONGRESS AVE. STE 19 BOYNTON BEACH FL 33426		
2. Principal Place of Business 21 UNIT C Suite, Apt. #, etc. 22 1900 PALMLAND City & State 23 BOYNTON BCH, FL Zip 24 33436		2a. Mailing Address 26 UNIT C Suite, Apt. #, etc. 27 1900 PALMLAND City & State 28 BOYNTON BCH, FL Zip 29 33436 Country 30 PALM BCH		3. Date Incorporated or Qualified 04/18/1995 4. FEI Number 65-0669961 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GERACI, RONALD 9353 WATER COURSE WAY BOYNTON BEACH FL 33437			10. Name and Address of New Registered Agent 81 Name GERACI, RONALD 82 Street Address (P.O. Box Number is Not Acceptable) UNIT C 83 1900 PALMLAND 84 City BOYNTON BEACH FL 85 Zip Code 33436		
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 DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERACI, RONALD	1.2 NAME	GERACI, RONALD		
STREET ADDRESS	9353 WATER COURSE WAY	1.3 STREET ADDRESS	1900 C PALMLAND		
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436		
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCAVRON, RON	2.2 NAME			
STREET ADDRESS	7600 WILES RD., STE. C	2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

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 on an attachment with an address.

SIGNATURE: *Ronald Geraci* **RONALD GERACI**

1/20/98

561-733-3700

CR2E034 (10/97)