

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90063 024 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000030079			
1. Corporation Name PRODEX CORPORATION			
Principal Place of Business 1900 PALMLAND UNIT C BOYNTON BEACH FL 33426 US		Mailing Address 1900 PALMLAND UNIT C BOYNTON BEACH FL 33426 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. P.O. Box 41 City & State LEONARD, MICHIGAN Zip 48367 Country OAKLAND		2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 41 City & State LEONARD, MI. Zip 48367 Country OAKLAND	
3. Name and Address of Current Registered Agent GERACI, RONALD 1900 PALMLAND UNIT C BOYNTON BEACH FL 33436		10. Name and Address of New Registered Agent 81 Name RONALD GERACI 82 Street C/O FRED BRAUN 83 SUITE ONE ONE OCEAN DR. 84 City BOCA RATON, FL. Zip Code 33432	
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 <i>Ronald Geraci</i> RONALD GERACI, PRESIDENT 03/20/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERACI, RONALD 1900 PALMLAND, UNIT C BOYNTON BEACH FL 33436	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCAVRON, RON 7600 WILES RD., STE. C CORAL SPRINGS FL 33067	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

03/20/99

810-997-7122

CR2034 (1/1/98)