

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PRO-FIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000032169 (1)**

1. Corporation Name  
**SPRING HILL CORPORATE, INC.**



Principal Place of Business Mailing Address  
**8931 N. FLORIDA AVE. TAMPA FL 33604**

3. Date Incorporated or Qualified **04/25/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3317780** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 **1733 FLETCHER AVENUE** 27 **1733 FLETCHER AVENUE** 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 **TAMPA, FL 33612** 28 **TAMPA, FL 33612** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON FL 34205**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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. (Initials) Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D/P RICHARD LEVIN</b>
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	<b>7646 N. LOCKWOOD RIDGE ROAD</b>
TITLE <input type="checkbox"/> DELETE	NAME	1.3 STREET ADDRESS	<b>SARASOTA, FL 33612</b>
STREET ADDRESS	CITY-ST-ZIP	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 33612</b>
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>V/S SUZANNE LEVIN RICE</b>
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	<b>1733 FLETCHER AVENUE</b>
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	<b>TAMPA, FL 33612</b>
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	<b>TAMPA, FL 33612</b>
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>V/S/D STEVEN LEVIN (N/A)</b>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	<b>P.O. BOX 93-6260</b>
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	<b>MARGATE, FL 33093-6260</b>
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	<b>MARGATE, FL 33093-6260</b>
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>T JILL LEVIN (N/A)</b>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	<b>P.O. BOX 11229</b>
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	<b>KNOXVILLE, TN 37939</b>
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	<b>KNOXVILLE, TN 37939</b>
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D MARK A. FERRUCCI</b>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	<b>1733 FLETCHER AVENUE</b>
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	<b>TAMPA, FL 33612</b>
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	<b>TAMPA, FL 33612</b>
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1 00001841721</b>
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	<b>-05/28/96--01068--028</b>
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	<b>***3200.00</b>
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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, change or an attached report with an address.

SIGNATURE: *[Signature]* Registrar Jill Levin 4/23/96 Date: 4/23/96

CR2E034 (12/95)