FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000040836 (5)

1. Corporation Name
THE PITS, INC.

Principal Place of Business
814 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address
814 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 05/24/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0582114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLACK, PATRICK J
1121 N.E. 24TH AVE.
APT. 4
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: CAROLE GOYA
82 Street Address (P.O. Box Number is Not Acceptable): 814 N. FEDERAL HWY
83
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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: Carole Goya CAROLE GOYA 6-26-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	FLACK, PATRICK J	
STREET ADDRESS	1121 N.E. 24TH AVE., APT. 4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VSTD	☒ DELETE
NAME	FLACK, TAMARA	
STREET ADDRESS	1121 N.E. 24TH AVE., APT. 4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☒ Change ☒ Addition
1.2 NAME	CAROLE GOYA	
1.3 STREET ADDRESS	5050 BAYVIEW DR #20	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
2.1 TITLE	VPD	☒ Change ☒ Addition
2.2 NAME	ROB RIFFLARD	
2.3 STREET ADDRESS	5050 BAYVIEW DR #20	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001884718	☐ Change ☐ Addition
5.2 NAME	-07/05/96--01030--017	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96

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)(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: Carole Goya CAROLE GOYA 6/26/96 (954) 938-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)