

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

FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000047457 (3)

1. Corporation Name

PROLINE FINANCIAL SERVICES, INC.



Principal Place of Business

7000 W. PALMETTO PARK ROAD  
SUITE 402  
BOCA RATON FL 33433

Mailing Address

7000 W. PALMETTO PARK ROAD  
SUITE 402  
BOCA RATON FL 33433-3425

3. Date Incorporated or Qualified  
06/19/1995

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

21 3200 N. Military Trail

Suite, Apt. #, etc.

22 #201

City & State

23 Boca Raton, FL

24 33431

Country

25 Palm Bch

2a. Mailing Address

26 3200 N. Military Trail

Suite, Apt. #, etc.

27 #201

City & State

28 Boca Raton, FL 33431

Zip

29

Country

30 Palm Bch

4. FEI Number

65-0590851 X

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

MARTIN, IRA  
7000 W. PALMETTO PARK ROAD  
SUITE 402  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

Ira Martin

82 Street Address (P.O. Box Number is Not Acceptable)

3200 W. Military Tr #201

83

84

City Boca Raton

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 607.0507 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MARTIN, IRA
STREET ADDRESS	7000 W PALMETTO PARK RD. #402
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	TD <input type="checkbox"/> DELETE
NAME	MARTIN, ALLISON
STREET ADDRESS	7000 W PALMETTO PARK RD. #402
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-97 5619882004

CR2E034 (9/96)