

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081157 (6)

1. Corporation Name

PRO BILT ENTERPRISES, INC.



Principal Place of Business

941 NORTHEAST 19TH AVENUE, UNIT 306
FORT LAUDERDALE FL 33304

Mailing Address

941 NORTHEAST 19TH AVENUE, UNIT 306
FORT LAUDERDALE FL 33304

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0615733

Applied For

Not Applicable

5. Certificate of Status Desired

☐ N/A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ N/A

\$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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81

Name

KEVIN SMITH

82

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

4819 NE 21st AVE

83

Apartment #15

84

City

FT LAUD

FL

85 Zip Code

33308

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 607.0508, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent. If not applicable, leave blank.

KEVIN SMITH (DIRECTOR)

04-20-96

12. OFFICERS AND DIRECTORS

TITLE

PSTD

☐ DELETE

NAME

SMITH, KEVIN C

STREET ADDRESS

941 NORTHEAST 19TH AVENUE, UNIT 306
FORT LAUDERDALE FL 33304

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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, 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

KEVIN SMITH

04-20-96

954 763-7860

CR2E034 (12/95)