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

PRCFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9500083594 (8)

| 1. Corporation   |  | 008;   | 3594 (8             | )          |                     |                     |  |  |  |
|--|--|--|---------------------|------------|---------------------|---------------------|--|--|--|
| Principal Place of Business<br>24441 WOODSAGE<br>BONITA SPRINGS FL 33923 |  | Mailing Address<br>24441 WOODSAGE<br>BONITA SPRINGS FL 33923 |                     |            |                     |                     |  |  |  |
|  |  |  |                     |            |                     |                     | 3. Date Incorporated or Qualified 11/01/1995 3a. Date of Last Report   |  |  |
| 2. Principal F   | Place of Business  | 2a, Mailing Address 26                                       |                     |            |                     |                     | 4. FEI Number Applied For Not Applicable   |  |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |                     |            |                     |                     | 5. Certificate of Status Desired   |  |  |
| City & Sta   | te   | Orty & State <b>28</b>                                       |                     |            |                     |                     | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  |  |  |
| Ζιρ<br><b>24</b>   | Country <b>25</b>  | <b>29</b>  |                     | 30         | ountry              | ·<br>•••••          | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  |  |  |
|  | 9. Name and Address of Curre   | nt Register  | ed Agent            |            | 81                  | Name                | 10. Name and Address of New Registered Agent   |  |  |
| 8695 C   | ibo, mary v<br>College Parkway, suite 113<br>ERS FL 33919                                      |  |                     |            | 82<br>83            |                     | dress (P.O. Box Number is Not Acceptable)  |  |  |
| 11. Pursuant   | to the provisions of Sections 607.050  | 2 and 607.1  | 508, Florida Statut | es, the al | 84<br>cove-i        | ,                   | oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am |  |  |
| familiar v   |  |  |                     | i.         | 00,1                | orador a bo         |  |  |  |
|  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere |  |                     |            |                     | nt signature recjui | rod when reinstating) DATE   |  |  |
| 12.  | OFFICERS AN  |  | ORS TO DELETE       |            | 13.<br>1. 1 TITLE   |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TITLE<br>NAME<br>STREET ADORESS  | PRESIDENT/DIRECT<br>RICHARD S. CUPPE<br>2441 WOODSAGE<br>BONITA SPRINGS. PT                    | - <b>33</b> 9  | _                   | 12<br>13   | NAME<br>Street      | I ADDRESS           | . Longite C vocation   |  |  |
| CITY-ST-ZIP<br>TITLE   | GRES V-PRES/DIR  |  | -                   |            | CITY - S            | ST-ZIP              | Change Addition  |  |  |
| NAME   |  | MNDL   |                     | 22N        |                     |                     | <del>-</del>   |  |  |
| STREET ADDRESS   | ニタスノツ ら、色。 ざかけ とし  | ACE !  | # 20 <i>0</i> \$    | 23         | STREE               | F ADURESS           |  |  |  |
| CITY-ST-ZIP  | CAPE CORAL   |  |                     |            | 2 4 CITY - ST - ZIP |                     | Change Classica  |  |  |
| TITLE  | SELRETARY DIRE   | CTDIZ  | ☐ DELETE            |            | TITLE               |                     | Change Addition  |  |  |
| NAME<br>PARKET ADDRESS   | ELIZABETH A. CL  | ACKO<br>T  |                     |            | NAME                | T ADDRESS           |  |  |  |
| STREET ADDRESS   | BONITA SPRINGS.  | 5 <sub>6</sub> 3   | 3923                | 3 3 STR    |                     |                     |  |  |  |
| TITLE  | DELETE 4.  |  | 4. 1 TITLE          |            | Change Addition     |                     |  |  |  |
| NAME   |  |  |                     | NAME       |                     | <del></del>         |  |  |  |

6.4 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntiarly 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 cath; 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 13 or Block

4.3 STREET ADDRESS
4.4 City-St-Zip

5.3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY - \$1 - ZIP

5 1 TITLE

52 NAME

6. 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - ZIP

CITY-ST-ZIP

1111.6

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELFTE

DELFTE

4/22/96

Davlurie Phone #

☐ Change

Change Addition

Addition

CR2F034 (12/9