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

PRCFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	199	96		TOE!	DIVISION OF CORPORATIONS											
DOCUMENT # P95000083748 (0) 1. Corporation Name																
THE LYDIAN CORPORATION) (88	AL O TE 11 0 (810	LI ALINI AGINI GALLI	AANIA ERJAN (B	188 21811 18 8	ta 6160) (016 10 6)
Principal Place of Business Mailing Address											1188	ATMAT ERM TATA	DI MININ MBINI MBINI			
1426 SHELL FLOWER DRIVE				1	1426 SHELL FLOWER DRIVE											
BRANDON FL 33511					BRANDON FL 33511						- 	,				
											11/0	1/1995	d or Qualified	3a. Date	e of Last	
	Principal Place of Business				2a. Mailing Address					- 1	4. FEI Number Applied F 65-0624080 Not Appli				Applied For Not Applicable	
21		1 U.S. Hwy. 92			Suite, Apt. #, etc.										\$8.7	5 Additional
22	Suite, Apt. #, etc.			27	<u> </u>						5. Certific	ate of Sta	tus Desired			Required
	City & State				City & State								n Financing			00 May Be
23	Seffner, Florida			28								und Contr				led to Fees
<u> </u>	Zip	-	Country	29	Zip	30	Country		ļ	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No					\$ 199.032,	
24	33584	Name	U.S.A. and Address of Curr		stered Agent	30							ress of New F		Agent	
	 _			-			81	N	ame							
MORENO, JILL								S	treet A	ddress	s (P.O. Box	Number is	s Not Acceptal	ole)		
1426 SHELL FLOWER DRIVE											<u> </u>					
	BRANDON FL	3351	•				83									
							84	C	ity					FI	85	Zip Code
L.				00 001 60	7 1509 Florida Statu	toe the s	hove-	กลกา	ed co	nooratio	ion submits	this staten	ment for the pu		e anging its	s registered office
ļ ¹	 Pursuant to the or registered agr 	provisio ent, ar t	ns of Sections 607.05 both, in the State of Flo t the obligations of, Se	orida. Suc	h change was authori	zed by th	e con	ora	tion's t	ooard o	of directors	. I hereby	accept the app	ointment a	s register	ed agent. I am
1		a accep	t the congations or, se	BCHOH 607	,(1000), Florida Statute	ъ.										
8	SIGNATURE SIgnalu	Signature, typod or printed name of registered agent and title if applicable. (NOTE: Regist						nt sig	nature re	gurad wi	hen reinstahrigt			DATE	DIDEO.	1000 IN 12
1	2.		OFFICERS A	AND DIRE			3.						NGES TO OF		☐ Chang	
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	STREET ADDRESS						i 4 CITY									
_	DITY-ST-ZIP				DELETE		. 1 TITLE								Chang	ge 🔲 Addition
	NAME						.2 NAME									
	NAME STREET ADDRESS						.3 STRE		DRESS							
1	CITY - ST - 7IP						.4 CITY									

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 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.

6 1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

CITY - ST - ZIP

THILE

NAME

DELETE

Change

Addition