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

POCUMENT # P9600000274 (6)

ARTHUR I. MOLL, INC.				LABORADA ME CEME BAM BERN BERN BERN BERN BERN BERN BERN BERN	10 55 (1) 5 (1) 5	
Principal Place of Business Mailing Address						
2509 EGRET LAKE DRIVE 2509 EGRET LAKE DRIVI WEST PALM BEACH FL 33413 WEST PALM BEACH FL						
					12/29/1995	Date of Last Report
2. Principal Pla 21	pal Place o Business 28. Mailing Address 26				165-0641073	Applied For Not Applicable
Suite, Apt. #, etc Su 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p			├ ¬		8. This corporation has liability for intangle Florida Statutes Yes	ible tax under s. 199.032,
14	9. Name and Address of Curr		1301		10. Name and Address of New Registe	
			81	Name		
MOLL, ARTHUR I 2509 EGRET LAKE DRIVE WEST PALM BEACH FL 33413			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		FL 85 Zip Code
SIGNATURE _	th, and accept the obligations pro- Suparties typed a prillod name of registeres a	PU entand the if application — — — — — — — — — — — — — — — — — — —	Olt - Rage tored Age	et sipatan niga		ATF
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Adortion
THTLE	PRESIDENT	DELETE	1 1 Trice			
NAME EXPERT ADDRESS	ARAMA I MULL 1509 VERET LAKE DRIVE WESTPAIN BEACH FL 33413 VICE-PRINTING SELECTRAM DELFTE TUDITI VI MOLL		LISINAME LISISTELLI ADDRESS			
STREET ADDRESS City - St - Zip			1.4 CHY -			
TITLE			2 1 Tur; E	31.211		Change Addition
NAMÉ			2.2 NAME			
STREET ADDRESS	2001111 4: 11000	All VV	2.3 STREE	1 ADDRESS		
CITY - ST - ZIP	2509 EGALT LAKE	FL 33413	2.4 CITY -	S1 - ZIP		
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	3 1 TITLE			Change Chaddition
NAME	į		3.2 NAME			
STREET ADDRESS			3.3 STRE	I ADDRESS		
CITY-ST-ZIF		ET DESCRI	3.4 CITY -		. ,	Charige Addition
TITLE		☐ DEFELE	4 1 T TLF			Change Addition
NAME			4.2 NAME	1		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE	DELETE		4.4 C/TY - ST Z P			Change Addition
NAME		L.J	5.2 NAME			— • — ·····
STREET ADDRESS				- 223F0GA		
DITY-ST-ZiP			5.4 CITY -	i		
TIFLE	DELETE		6.1 THE			Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS			3	T ADDRESS		
CITY - ST - ZIP			6.4 CITY -	ST - ZIP		
14 Ldo borek	ay cortify that the information europle	id vota taje filma je voluntarily fur	nished and on		for the exemption stated in Section 119 07/3/	M. Florida Statutos, I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and ooes 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 niade under oath; that I am an officer or director of the corporation or the receiver or trustee en powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, organ an attachment with an address

SIGNATURE:

SIGNATURE AND TYPES OF PROTECTION OF STATUTE CONTINUES.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR