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Feb 21 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 # P96000007787 (0)

1. Corporation Name
PROOF ON FILE, INC.



Principal Place of Business

P O BOX 1599
WINTER PARK FL 32790

Mailing Address

P O BOX 1599
WINTER PARK FL 32790-1599

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 205 Tranquility Cove
Suite, Apt. #, etc.

2a. Mailing Address

26 c/o Edward M. Livingston, Esq. 59-3362445
Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

22 City & State
Altamonte Springs, FL

27 P.O. Box 1599
City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country
32701 US

28 Winter Park, FL
Zip Country
32790-1599 US

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

10. Name and Address of New Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DRIVE
WINTER PARK FL 32790

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KOMAR, DAVID J
STREET ADDRESS 205 TRANQUILITY COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE D/P/V/S/T ☒ Change ☐ Addition
1.2 NAME Komar, David J.
1.3 STREET ADDRESS 205 Tranquility Cove
1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

David J. Komar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97 407-830-4450

Date Daytime Phone #

CP2E034 (9/96)