FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PBOFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P9600035361 (0)

RALLS ROAD CORP.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Principal Plac	e of Business	Mailing Address			111 1010 1 1110 1 2 1110 1110 011 3 (1110 1110)
	ROWARD BLVD. STE 200 RDALE FL 33301	1512 EAST BROWARD BI FORT LAUDERDALE FL 3			
				3. Date Incorporated or Qualified 04/22/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Z (p) 29	Country 30	8. This corporation has liability to Florida Statutes	Yes No
	9. Name and Address of Cur			10. Name and Address of New R	egistered Agent
	RPORATION SERVICE COMPA 01 HAYS STREET	MY	81 Name	Address (P.O. Box Numbers Not Accepte	
	LAHASSEE FL 32301		62 Sileer	00 5 Federa	
			83	Ste 1000	10th gloor.
	•		84 City	0 , 10	85 Zip Code
)	1 1 1/20	report Deach 41	- FI ススカムアー
office or r agent. I a SIGNATURE			authorized by the corporida Statutes. IF: Registered Agent signature	corporation submits this statement for the poration's board of directors. I hereby account to the property of	purpose of changing its registered
12.		AND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD VV	DELETE	1.1 TITLE		Change Addition
NAME	LESTRANGE, NILE R		1.2 NAME		
STREET ADDRESS	1512 EAST BROWARD BLV		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 333	301	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TIBLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	}.		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 1111.6		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		•	3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change
TITLE		☐ DECETE	4.1 TITLE		☐ Change ☐ Additio
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY. ST. 7IP	I		4.4.0ITV. 91.7ID		

64 CITY-ST-ZIP ***550.00

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 injurial 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 on the receiver or justee 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, older a highly the management.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(TY - ST - ZIP

DELETE

DELETE

FILED Aug 19 1997 8:00am Secretary of State

Change

☐ Change

500002273055 -08/20/97--01117--032 Addition

Addition