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

PROSIT CÓRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS Jun 01, 1999 8:00 am Secretary of State 06-01-1999 90006 049 \*\*\*150.00

**FILED** 

1999 **DOCUMENT #** 

1. Corporation Name

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	~ 5	66389	) – 900	106 - 4	49		

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torever lile, Inc.	566389 - 90006 - 49						
Principal Place of Business Mailing Address							
4460 Olympic Dr. 4460 Olympic	· Nc						
The digripie bi, The digripie	DO NOT WRITE IN THIS SPACE						
COCOA, FL 32927 COCOA, FL 32	3. Date Incorporated or Qualified						
	06/05/96						
Principal Place of Business     2a. Mailing Address	4. FEI Number Applied For						
21 4460 Olympic Dr 26 4460 Olympic Suite, Apt. #, etc. Suite, Apt. #, etc.	moic Dr 59-3384297 Not Applicable						
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired  \$8.75 Additional						
22	5. Certificate of Status Desired Fee Required						
City & State City & State	6. Election Campaign Financing \$5.00 May Be						
23 COCOA FL 28 COCOA FL	Trust Fund Contribution Added to Fees						
	8. This corporation owes the current year Intangible Personal Property Tax.						
	Brevard Personal Property Tax.						
Name and Address of Current Registered Agent	91 Name						
}	Keith E. recot						
1	82 Street Address (P.O. Box Number is Not Acceptable)						
	83 4460 Olympic Dr.						
	84 City Cocoa FL 85 Zip Code 32927						
1 1 Pursuant to the provisions of Sections 6D/ 1502 and 6D/ 1508. Finding Statutes, the above-hamed corporation submits this statement for the purpose of charging 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. b - President OFFICERS AND DIRECTORS 13							
Pecot Keith E. DELETE 11	TITLE Change Addition						
4460 phimaic Dr	NAME						
SINCE I ADDITESS	STREET ADDRESS						
	TITLE Change Addition						
_ ==== : [=:							
Tech!   -0 - 7   12.	NAME						
	STREET ADDRESS						
Doctor	4 CITY-\$T-ZIP Change Addition						
	NAME						
1880	STREET ADDRESS						
	. CITY-\$T-ZIP						
	TITLE Change Addition						
···-	2 NAME						
STREET ADDRESS 4.3	STREET ADDRESS						
l l	CITY-ST-ZIP						
	TITLE Change Addition						
NAME 52	NAME						
STREET ADDRESS 5.3	STREET ADDRESS						
GIT-51-21	CITY-ST-ZIP						
	TITLE Change Addition						
19-WIL	NAME						
6.3							
STALL ADDITION	STREET ADDRESS CITY-ST-ZIP						

14. I 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, with all other like empowered.

SIGNATURE:

Keith E. Pecot

407-536-8714 Daytime Phone #