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PRÓFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT.# P96000068758

1. Corporation Name

DAVE SOUTHARD CRANE SERVICE, INC.

Principal Plac	e of Business	Mailing Address				C SMBILLOGI LID IMPID OFFILE GOITH MONIN GOITH GOITH (AND CHICK LONG LING LINE LAND)			
2925 SARANAC AVE		2925 SARANAC AVE							
WEST PALM BEACH FL 33409		WEST PALM BEACH FL 33409							
US		US		-	DO NOT WRITE IN THIS SPACE				
				_		Date Incorporated or Qualifed 08/15/1996			
2. Principal P	Place of Business	2a. Mailing Address		4.	FEI Number	A	pplied For		
21		26		_		65-0687988	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5	Certificate of Status Desired		Additional	
22		27					Fee R	tequired	
City & State		City & State		6.	Election Campaign Financing		May Be		
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	itry	8.	This corporation owes the current year	_	[246	
24	25	29	30			Personal Property Tax.	Yes	LE IND	
	9. Name and Address of Current	Registered Agent		81 Nam		Name and Address of New Register	eo Agent		
SOL	JTHARD, DAVID O	· · · · · · ·	ļ	_					
∂/\ 292	5 SARANAC AVE	•		82 Street Addre		dress (P.O. Box Number is Not Acceptable)			
	ALM BCH FL 33409		ĺ	83			 	- V - V - V - V - V - V - V - V - V - V	
				•3			3		
COSTA CON	Control of the second of the s		l	84 City			85 Zip	Code	
44 Durament	To the provisions of Spotions 607 0503	and 607 1509. Elanda Statu	on the of	Suo nome	od corporatio	n submits this statement for the purpose			
					rporation's b	oard of directors. I hereby accept the ap	pointment as re	egistered	
: ' agent. I a	um familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statu	les.		٠,	- A		
SIGNATURE	Would have the	^				1-5-	<u> 44 </u>		
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	Signature, typed or printed name of registered agent of OFFICERS AND		 -	gent signatu	re required when o		AND DIRECTO	ORS IN 12	
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered			reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
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14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

561-386-6004

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90007 012 ***150.00