

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90197 002 ***150.00

DOCUMENT # P96000077468

1. Corporation Name
PROCC, INC.

Principal Place of Business

4745 NW 103RD AVENUE
SUNRISE FL 33351
US

Mailing Address

3601 BRIDGE ROAD
COOPER CITY FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1996

4. FEI Number

65-0633827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 15851 SW 41st St

Suite, Apt. #, etc.

22 Suite # 700

City & State

23 Davie FL

Zip

24 33331

Country

25 US

2a. Mailing Address

26 1395 NW 159th Lane

Suite, Apt. #, etc.

27

City & State

28 Pemb Pines FL

Zip

29 33028

Country

30 US

9. Name and Address of Current Registered Agent

BENENFELD, BRUCE J ESQ.
7800 WEST OAKLAND PARK BLVD. STE 109
SUNRISE FL 33351

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT a Registered Agent signature required when reinstating)

DATE

4-23-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME HATCH, ROBERT
STREET ADDRESS 1395 NW 159TH LANE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ DELETE

VPT
NAME PRESTI, CHRIS
STREET ADDRESS 10511 SW 50TH ST
CITY-ST-ZIP COOPER CITY FL 33328

TITLE ☐ DELETE

S
NAME BRAUERMAN, EDWARD
STREET ADDRESS 3601 BRIDGE RD
CITY-ST-ZIP COOPER CITY FL 33021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 change-I, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-23-99

Date

1-800-226-1555

Daytime Phone #

CR2E034 (1/98)