

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90061 038 ***150.00

DOCUMENT # P96000078378

1. Corporation Name
PRO FORM SYSTEMS, INC.

Principal Place of Business

800 BRICKELL AVE
1450
MIAMI FL 33131
US

Mailing Address

800 BRICKELL AVE
1450
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1996

4. FEI Number

65-0696124

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 80 S.W. 8th STREET

Suite, Apt. #, etc.

22 SUITE 2202

City & State

23 MIAMI, FL

Zip

24 33130

Country

25 USA

2a. Mailing Address

26 80 S.W. 8th STREET

Suite, Apt. #, etc.

27 SUITE 2202

City & State

28 MIAMI, FL

Zip

29 33130

Country

30 USA

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE STE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE VSD ☐ DELETE

NAME KURTH, JOST H

STREET ADDRESS 3079 POINCIANA

CITY-ST-ZIP MIAMI FL 33133

TITLE PD ☐ DELETE

NAME DEANE, JAMES V

STREET ADDRESS 10990 SW 83RD CT

CITY-ST-ZIP MIAMI FL 33156

TITLE VT ☐ DELETE

NAME DUNCAN, BRUCE

STREET ADDRESS 2850 OAKBROOK LN

CITY-ST-ZIP WESTON FL 33332

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James V Deane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 1999 305-377-2121
Date Daytime Phone #

CR2F034 (11/98)