

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080964 (5)

1. Corporation Name
PROAPPS, INC.

Principal Place of Business
2810 E. OAKLAND PARK BLVD.
SUITE 200
FORT LAUDERDALE FL 33306

Mailing Address
2810 E. OAKLAND PARK BLVD.
SUITE 200
FORT LAUDERDALE FL 33306-1801



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
528 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

4. FEI Number

65-0701130

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

81 Name

Charles Moore

82 Street Address (P.O. Box Number is Not Acceptable)

1212 N.E. 17 WAY

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33304

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 PD
NAME MOORES, CHARLES W
STREET ADDRESS 1212 N.E. 17TH WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33304

☐ DELETE

TITLE D
NAME REVER, LARRY
STREET ADDRESS 1525 CORAL RIDGE DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

☐ DELETE

TITLE D
NAME GLYNN, RAY
STREET ADDRESS 280 TRADEWINDS AVENUE, SOUTH
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

Daytime Phone

0282800

CR2E034 (9/96)