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

PRQFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 21 1998 8:00am Secretary of State

1. Corporation	ETE SEALING TECHNOLO	OGIES, INC.			
Principal Place	e of Business	Mailing Addross			8311 88161 81111 81811 Bradi old: 1861
2006 COUNTRY CLUB BLVD CAPE CORAL FL 33990		2006 COUNTRY CLUB BLVD CAPE CORAL FL 33990		DO NOT WRITE IN	I THIŞ SPACE
		W		3. Date Incorporated or Qualified 01/13/1997	
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.		05-0101141	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	I
24	25 9. Name and Address of Curr	29	[30]	Personal Property Tax due June 30 10. Name and Address of New Regis	
		ent Registered Agent	81 Name	10. Name and Address of New Poyle	tered Agent
	AUS, KEITH R				
:8006 COUNTRY CLUB BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33990			83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.00 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statut ate of Florida, Such change was ligations of Section 607.0505, FL	tes, the above-named corp authorized by the corpora lorida Statulos	poration submits this statement for the purp ation's board of directors. I hereby accept the	
SIGNATURE	Signature typed or purited name of registered a		TE: Registered Agent signature requi		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	L DELETE	1.1 TITLE		Change Addition
NAME	CLAUS, KEITH R	•	1.2 NAME		
STREET ADDRESS 2006 COUNTRY CLUB BLVD		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	CAPE CORAL FL 33990	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME		LJ VILLIE	21 HILE 22 NAME		CHONGE THOORGAL
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$1-ZIP			2.4 City-ST-ZiP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		L.J DELETE	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THILE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 13 or Block 13 if chapted or or, an attachment with an address. DUNIE