PRÖFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000020196**

1. Corporation Name

SUBMARINO'S, INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90033 020 ***150.00



Principal Place	of Business	Mailing Address				1 1901(00) 1110 18114 100(1 00(1 00)14 00(1	E (1011 9919) 11910	i (BIED BIEL IDDE
5250 SW 21 STREET 5250 SW 21 STREET PLANTATION FL 33317 PLANTATION FL 33317						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						02/25/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21 26						65-0749590		ot Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	
22	City & State	State				Fee Re	·	
City & State	• ·	City & State	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	- 1
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registere	d Agent	
				81	Name			
MARINO, TONY			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)				
5250 SW 21 STREET								
PLAN	ITATION FL 33317		,	83				
•	•		Ì	84	City	F	85 Zip (Code
44 Dumuent	to the provisions of Sections 607.050	2 and 607 1509 Florida Statu	ton the at		named corner	ration submits this statement for the purpose		registered
office or re	o the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	authorized	hv t	:-named corpor the corporation	i's board of directors. I hereby accept the app	pintment as re	gistered
SIGNATURE	•							
	Signature, typed or printed name of registered ager		<u> </u>	Agent	signature required v		ND DIBECTO	DC IN 12
12.	PD OFFICERS AN	ID DIRECTORS	13.	1 F		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
NAME	MARINO, TONY	_ DC24.0	1.2 NA		,			
STREET ADDRESS	5250 SW 21 STREET				ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317		1,4 CIT					
TITLE	STD	☐ DELETE	2.1 TIT		-2,11		☐ Change	☐ Addition
NAME	MARINO, CHERYL		2.2 NA	ME				
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CITY-ST-ZIP	PLANTATION FL 33312		2.4 CD	TY-ST	r-ZIP	·		
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NAME	•		3.2 NA	ME				
STREET ADDRESS	,		3.3 STI	REET	ADDRESS			ļ
CITY-ST-ZIP	·· · · · · · · · · · · · · · · · · · ·		3.4. CIT	TY-ST	-ZIP			
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NAME	•	•	4. 2 NA	ME				
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CITY-ST-ZIP			4.4 CIT		-ZIP			- Address
TITLE		☐ DELETE	5.1 TTT				☐ Change	Addition
NAME	•		5.2 NA		ADDDECC			ĺ
STREET ADDRESS					ADDRESS			ļ
CITY-ST-ZIP		☐ DELETE	5.4 CIT 6.1 TITI		-411		Change	☐ Addition
TITLE 100	At the state of		6.2 NA			•	Change	
					ADDRESS			ļ
STREET ADDRESS	The second second							
CITY-ST-ZIP	•		6.4 CIT	1-51-	· ∠IP]

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: