SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PRGFIT CORPORATION ANNUAL REPORT 1999 DOCUMENT #

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P97000030597

SUFFOLK CONSORTIUM INC.

FILED

99 OCT 20 PM 2: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

B COMBINER HAT FANK INDIN BRICK BORKS ENDER DOERD HINKE BORDE DELIKE FANK IN HEIN FANK INDIN

Principal Place of Business Mailing Address				1 10011001 110 10111 (10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111 10111	-441 -441
		5557 W OAKLAND PARK LAUDERHILL FL 33313	BLVD STE 258	REINSTATEMENT	
				3. Date Incorporated or Qualified	
				04/03/1997	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied F	or
21 6157	NW 167th St.	²⁶ 5557 W. Oa	kland Par	B 1 v d 65 0743694 Not Appli	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
F = 1.4 City & State		City & State		6. Election Campaign Financing \$5.00 May B	 Зе
hr i	mi, Florida	28 Lauderhil	1. Florida	Trust Fund Contribution	5
Zip	Country	Zip	Country	This corporation owes the current year	
24 33015	25 USA	29 33313	30 USA	Intangible Personal Property. Yes No	
	9. Name and Address of Cur	rent Registered Agent	B1 Name	10. Name and Address of New Registered Agent	
555	tler, Eugene B 17 w Oakland Park Blvd \$ Jderhill Fl 33313	STE 258	1.Euc	gene Renjamin Butler Address (P.O. Box Number is Noi Acceptable) 57 W. Oakland Park Blvd.	
			Su	te #258	
			84 City	EI 85 Zip Code	
<u> </u>			Laı	uderhill FL 33313	<u>-</u>
11. Pursuant office or r	to the provisions of sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Flonda Statute ate of Florida. Such change was t	s, the above-named c authorized by the corp	orporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment is registere	ed be
agent la	im famour with, and accept the ob	oligations of, section 607,0505, Flo	da Statutes.	O to the	G
SIGNATURE	Gugene Der	yamın Buth	TE: Registered Agent signatur	re neculared when resinatesting) Out 15 Var. 199 DATE	.7 ·
L.,	Signature, type or printed name of registered	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
TITLE	D		1,1 TITLE		
		L DELETE	1.2 NAME	Treasurer/Director □ Change LX) A Neal Simmons	MOINO!
NAME	BUTLER, EUGENE B	OI VID CITE 250	1.3 STREET ADDRESS		
STREET ADDRESS	5557 W OAKLAND PARK E	DEVD STE 200	1.4 CITY-ST-ZIP	7110 NW 4th Avenue	
CITY-ST-ZIP	LAUDERHILL FL 33313	Dariere	2.1 TITLE	Boca Raton, FL 33487	Addition
		L DELETE	2.2 NAME	Calade 1.	WUINOIT
NAME			2.3 STREET ADDRESS	. 18	
STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE		Addition
THILE		DELETE			
NAME			3.2 NAME	000003032320 -11/02/9901051019	-8
STREET ADDRESS			3.3 STREET ADDRESS	-11/02/9901051019	_
CITY-ST-ZIP			3.4 CiTY-ST-ZIP	****TS8.75 -****758.75	75
TITLE		DELETE	4.1 TITLE	Change TITT A	ACCUSON
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	L Change L A	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	in	DELETE	6.1 TITLE	Change L. A	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		,

14. 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Designed Proces

Designed Proc