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**

DOCUMENT # P97000058521

PROACTIVE INDUSTRIES, INC.

Mailing Address

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90051 018 ***150.00



Citicipal claci	e or business	Maining / tadrood							
1241 114TH TE CLEARWATER F		4241 114TH TERACE NORTH CLEARWATER FL 33762				DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualifed 07/03/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
1		26	J			59-34621.18		Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.7	75 Ad	ditional
2	,, 5.6.	27				5. Certifcate of Status Desired	Fe	e Req	uired
City & Stat	te .	City & State				6. Election Campaign Financing	\$5	.00 M	lav Be
3		28				Trust Fund Contribution		ded to	•
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intai	naible		
— ·	25	29	30				Yes	E	⊒Nο
4	9. Name and Address of Current		30			10. Name and Address of New Registered A	gent		
	3. Name and Address of Current	Trogistated Agent		81	Name		.=		
FOR	LIZZO, ROBERT A								
13577 FEATHER SOUND DR., STE. 300				82	Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33762				83					
CLE	MINAREIT I C COTOL			03					
				84	City		85	Zip Co	ode
					•	poration submits this statement for the purpose of c	Ш		, ,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	l Agent	t signature requir	ed when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12
TITLE	P/D	☐ DELETE	1.1 TC	TLE			Cha	inge .	☐ Addition
NAME	INTELISANO, CRAIG J		1.2 N	AME.					
STREET ADDRESS	ANAL ALATH TERMOE MORTH		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33762		14 CF	TY-ST	r. 71P				
TITLE	S	DELETE	2.1 TF				☐ Cha	nge	Addition
	DISCIERNIA, CATHERINE		2.2 N						
NAME	1044 AAATU TERACE MORTH				ADDRESS	المعادل الله المعادلية المعادلية المعادلية المعادلية المعادلية المعادلية المعادلية المعادلية المعادلية المعادل			
STREET ADDRESS	l								
CITY-ST-ZIP	CLEARWATER FL 33762	₩ DELETE		ITY-S	F-ZIP		☐ Cha	nae	Addition
TITLE	DETONIC CUIDICTORUES	₩ AETEIE	3.1 TI				÷		
NAME	DETONE, CHRISTOPHER		3.2 N						
STREET ADDRESS	I .		1		ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33762			πy-\$	T-Z)P		m ~-		Addition
TITLE		☐ DELETE	4.1 TI	TLE			Cha	າເກີຣ	Addition
NAME			4. 2 N	IAME					
STREET ADDRESS	•		4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			_	TY-ST	r-ŻIP				
TITLE		☐ DELETE	5.1 TI	TLE			Cha	ange	☐ Addition
NAME			5.2 N	AME		•			
STREET ADDRESS	3		5.3 ST	TREET	ADDRESS				
CiTY-ST-ZIP			5.4 CI	ITY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE			☐ Cha	ange	☐ Addition
NAME			6.2 N	AME					
			6.3 S	TREET	ADORESS				
STREET ADDRESS	"[ITY-ST					
AITH OF TIE									

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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR