

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

PRO-CIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 26 1998 8:00am
Secretary of State

DOCUMENT # P97000103030 (7)
Corporation Name
ZOHLMAN, INC.

Principal Place of Business
C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

Mailing Address
C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1997

4. FEL Number

65-0798436

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip Country

28 Zip Country

4 25

29 30

9. Name and Address of Current Registered Agent

MACLEAN, LAURA G ESQ.
C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME
ZOHLMAN, ROBERT S M.D.
STREET ADDRESS
3490 RIDGEVIEW DRIVE
CITY-ST-ZIP
SANTA ROSA CA 95404

TITLE ☐ DELETE

NAME
ZOHLMAN, ARTHUR
STREET ADDRESS
2888 RIVER PINES WAY
CITY-ST-ZIP
SARASOTA FL 34231

TITLE ☐ DELETE

NAME
ZOHLMAN, SCOTT
STREET ADDRESS
1597 CREVOSSE COURT
CITY-ST-ZIP
RIVERSIDE CA 92506

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002536337
-05/27/98--01034--009
***150.00

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.

SIGNATURE:

Robert S. Zohman, M.D., President

4/25/98 (707) 528-6795
Date Daytime Phone # 0003421

CR2E034 (10/97)