PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90026 044 ***150.00

	1999	DIVISION OF CO	RECKATIONS		
DOCUMENT # P98000013427 1. Corporation Name PROTRAINER, INC.					
Principal Place	of Business	Mailing Address		E (18872): 198 teres centr 98113 88111 68141 enter trent titte dinte crest cont cont	
1060 6TH AVE.		1060 6TH AVE.			
VERO BEACH F	FL 32960	VERO BEACH FL 32960		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
			<u> </u>	02/09/1998 05-0813799	
2. Principal Place of Business 21 3505 PONCE DE LEON BLVD. 26 3505 PONCE			E DE LECN	BOULTRAD Applied For Not Applied For	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired Sequired	
22		27		100 100	
City & State	IL GARLES, FL	City & State	BLES, FL	6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 200	Country	Zip 77171/	Country	8, This corporation owes the current year intangible	
24 331	3 F 25 VSA	29 37134 30) VSA	Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registered/Agent	
Dipoles parts of				DARCANGELO, DAVI) S.	
1060 6TH AVE.			82 Street	Address (P.O. Box Number is Not Acceptable) SOS PONCE DE LEON BOWEVARD)	l
VERO BEACH FL 32960			83		l
			B4 City	4-Day (AB: 5 (85 Zip Code , /	ĺ
1				CORAL CABLES FL 85 33134	ĺ
-11Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named orized by the corp	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 602 1805, Florid	intutes	Daniel /42/-27-99	
SIGNATURE	Signature, typed operated name of Agistered agent	THE PERSON NAMED IN COLUMN TO THE PE	DAVICE spistered Agent signature	CATE CATE O CATE	~
12.	OFFICERS AND	<i></i>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)
TITLE	DA CONTRACTOR OF THE PROPERTY	☐ DELETE	1.1 TITLE	Change Addition	=
NAME	DARCANGELO, DAVÍD S		1.2 NAME	DARCANGELO DAVID S. BONEVARI)	Š
STREET ADDRESS	1060 6TH AVE.		13 STREET ADDRESS	CORAL CABLES, FL 33134	ZE
CITY-ST-ZIP	VERO BEACH FL 32960	☐ OELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition	5
TITUE		Opere	22 NAME		
NAME STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ OELETE	3.1 TITLE	Change Addition	
NAME			32 NAME		ĺ
STREET ADDRESS			3.3 STREET ADDRESS	-	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
HILE		☐ OELETE	4.2 NAME		
NAME -			43 STREET ADDRESS		Ī
STREET ADDRESS			4.4 CITY-ST-ZIP		ĺ
TITLE		□ OELETE	51 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP	☐ Change ☐ Addition	i
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	☐ Change ☐ Addition	
NAME			6.2 NAME 6.3 STREET ADDRESS		ì
STREET ACCRESS	1		8.4 CITY-ST-ZIP		l
CITY-ST-ZIP	<u> </u>			d in Castian 110 07/3/6). Florida Statutes I further certify that the information	

14. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attachment with an address, with all other like empowered.

SIGNATURE:

April 27-99 305-453-9944