PROHIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90116 029 ***150.00

DOCUMENT #	P98000059259
1. Commetter Name	. 0000000

1. Corporation	•								
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Principal Place	of Business	Mailing Address			}				
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#1028	F1 90140	#1028 KEY BISCAYNE FL 33149			DO NOT WRIT	E IN THIS SPA	CE		
KEY BISCAYNE	FF 33143	NET BISCHINE PE 33143			3. Date incorporated or Qualifed			—— <u> </u>	
					07/06/1998				
2. Principal Pl	ace of Business	2a. Mailing Address		~ .	4. FEI Number		Appl	ed For	
21		26			65-18387	36	Not /	Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, stc.			5. Certificate of Status Desired	<u> </u>	8.75 Ad		
22		27			3. Ceruicate of Status Desires		Fee Requ	ired	
City & State	•	City & State			6. Election Campaign Financing		\$5.00 M		
23		28			Yrust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the curre]No	
24	25		30		Personal Property Tax.			J40	
	9- Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of New R		_		
>DI IN	KLÊY, LINDSAY]	Name /	ALTIZZA (BALSE	NA	ر_د	
			Ī	82 Street Addr	ess (P.O. Box Number is Not Accepts		40:	15	
ì	ICEAN DANE DR.		Ļ	30	UCGAN CN	01	100		
#102				83					
KEY	BISCAYNE FL 33:49		j	84 City	1-0000	FL ⁸	5 Zip Co	×49//5	
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11. Pursuant	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607,1508, Florida Statute of Florida, Such change was au	s, the ab thorized	corporation evoc by the corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of cha t the appointme	ut as tedi Julian in in	stered	
agent. I a	m familiar with, and accept the obligat	ions 11. Section 607.0505, Flori	da Statu	ites.	•				
SIGNATURE	/ Maxuza 1	(V)O) NIP MALA				DATE			_
	Signature, you'd by Arinda's name of Rejectored agent		Registered /	Agent agneture require	ADDITIONS/CHANGES TO OF		RECTOR	S IN 12	(11/98)
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CITY-ST-ZIP 14. I hereby cartify 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.

6.4 CMY-ST-ZZP