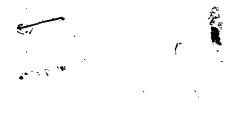
2000 UNIFORM BUSINESS REPORT (UBR)			6/20/00-90003-011-\$150.00-\$150.00	
DOCUMENT # P9900	00054186		20	
PRO COM	IND	/N·C· ··	FILED	
Principal Place of Business	Mailing Address	11 1 -	00 SEP 18 AM 11: 07	
4534 Hunting Trail Lakeworth FL 3344	108.		TALLAHASSEE FLORIDA	
2. Principal Place of Business	3. Mailing Address	3341	D0065027	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number . Applied For	
Zip Country	Zip	Country U.S.A	5. Certificate of Status Desired See Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
John Lively		Street Addre	ress (P.O. Box Number is Not Acceptable)	
4534 Hunting Tr	ail			
	33467	City	FL Zip Code	
8. The above named entity submits this statement for SIGNATURE	<u> </u>		4/30/00	
	Company of the second	Registered Agent signature is		
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	CONTRACTOR	I.FEE:IS \$150.00 0 Fee will be \$550 e to Department of	1. State 3 Trust Fund Contribution. Added to Fees	
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	a Roak	TITLE NAME STREET ADDRESS CITY-ST-ZEP	Change Addition 66	
	DIRCHA Delete	ime	☐ Change ☐ Addition	
STREET ADDRESS 4534 HUNTING TO		NAME STREET AOORESS CITY-ST-ZIP		
TITLE NAME	. 33467 Delete	TITLE	Change	
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Oelete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add:ticn	
TITLE NAME STREET ADDRESS	☐ Detete	TITLE NAME STREET ADDRESS	☐ Change ☐ Adds.con	
CITY-SI-ZIP TITLE	☐ Oelete	CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-S1-ZIP	KË	
13. 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 report or supplemental 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.				
SIGNATURE: AND TYPES OR P	CLCC RENTED NAME OF SIGNING OFFICER O	IR DIRECTOR	President 561 GY9 5377 Date Dayone Proces	



## PROCOM IND INC. 4534 HUNTING TRAIL LAKE WORTH, FL 33467 (561 649-5377



June 28, 2000

Dept. of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Doc #P99000054186

We have received your correspondence and the 2000 annual report that was sent back to us as the report was filed after May 1. Initially, we were totally unaware that an annual report needed to be filed as the corporation just began business in 1999. In addition, the mailing address of the corporation changed and the annual report for 2000, if one was sent, was never received.

Based on the above I am requesting a one time waiver of penalty which I understand to be \$400 and am sending the \$150 that was originally due. Being aware that the report is now due annually we will ensure that it is filed on time in the future. Please process the attached which will bring the corporation into full compliance.

Yours truly,

John Lively