

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S04461 (7)**

1. Corporation Name  
**PRO-FRAME CONTRACTING, INC.**



Principal Place of Business 2101 NW 33RD ST. 200 POMPANO BEACH FL 33069 US	Mailing Address 2101 NW 33RD ST. 200 POMPANO BEACH FL 33069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>10/08/1990</b>	4. FEI Number <b>65-0220814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WALDMAN, JAMES W.**  
**7000 W. PALMETTO PARK ROAD, SUITE 409**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name <b>STEVEN A. BELSON</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>NATIONSBANK BLDG.</b>	
83 <b>2000 GLADES RD. SUITE 306</b>	
84 City <b>BOCA RATON</b>	85 Zip Code <b>FL 33433</b>

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]* **STEVEN A. BELSON** DATE **1/16/98**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>FITZGIBBON, ROBERT</b>	
STREET ADDRESS	<b>2101 NW 33RD ST., SUITE 200</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	<b>GAINES, ANDREW M.</b>	
STREET ADDRESS	<b>2101 NW 33RD ST., SUITE 200</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>DECICCO, JOHN</b>	
STREET ADDRESS	<b>2101 NW 33 ST., STE 200</b>	
CITY-ST-ZIP	<b>POMPANO BCH. FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *[Signature]* **ANDREW GAINES, V.P.** DATE **1/5/98** TELEPHONE **(954) 979-9998**

CR2E034 (10/97)