

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 2:33

DOCUMENT # **S54660** (3)
1. Corporation Name
PRO-FORM TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
6441-B 19TH STREET, EAST 6441-B 19TH STREET, EAST
SARASOTA FL 34243 SARASOTA FL 34243
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/20/1991 3a. Date of Last Report 08/15/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
30 Country

4. FEI Number 65-0265728 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

~~MCKEAN, PAUL L.
3671 WEBBER STREET
SUITE B
SARASOTA FL 34232~~

10. Name and Address of New Registered Agent

81 Name **BROWN, DONALD R.**
82 Street Address (P.O. Box Number is Not Acceptable) **6441 B 19TH ST E**
83
84 City **SARASOTA** FL 85 Zip Code **34243**

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 *Donald R. Brown - Pres*
Signature, typed or printed name of registered agent and title if applicable.

DATE **8/3/95**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	BROWN, DONALD
STREET ADDRESS	4128 4TH AVENUE, WEST
CITY - ST - ZIP	PALMETTO FL 34221
TITLE	D
NAME	BROWN, MARTHA
STREET ADDRESS	4128 4TH AVENUE, WEST
CITY - ST - ZIP	PALMETTO FL 34221
TITLE	TOWNSEND, TODD
NAME	830 NORTH BENEVA, A-9
STREET ADDRESS	SARASOTA FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VISITID
3.3 STREET ADDRESS	RAYMOND E. RUSSELL, RAYMOND
3.4 CITY - ST - ZIP	8024 VIA FIORE SARASOTA, FL 34238
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	RUSSELL, LINDA
4.4 CITY - ST - ZIP	8024 VIA FIORE SARASOTA, FL 34238
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *Donald R. Brown - Pres* *DONALD R. BROWN* 8/3/95 911
Signature and typed or printed name of signing officer or director Date (Minimum Three)