

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

**APPROVED AND FILED**

**95 APR 26 PM 1:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V40394 (1)**

**1. Corporation Name  
PROSTYLE CONTRACTORS, INC.**

**Principal Place of Business  
6925 DAUBON COURT  
NEW PORT RICHEY FL 34655**

**Mailing Address  
6925 DAUBON COURT  
NEW PORT RICHEY FL 34655**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified: 06/01/1992**      **3a. Date of Last Report: 04/22/1994**

**4. FEI Number: 59-3129002**      **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**

**6. This corporation has liability for interstate tax under S. 199.032, Florida Statutes:**  **Yes**  **No**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country
<b>25</b>		<b>30</b>	

**9. Name and Address of Current Registered Agent**

**PARENTE, CARLO  
6925 DAUBON COURT  
NEW PORT RICHEY FL 34655**

**10. Name and Address of New Registered Agent**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**      **FL**      **85 Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PSD</b>
<b>NAME</b>	<b>PARENTE, CARLO</b>
<b>STREET ADDRESS</b>	<b>6925 DAUBON COURT</b>
<b>CITY - ST - ZIP</b>	<b>NEW PORT RICHEY FL</b>
<b>TITLE</b>	<b>VTD</b>
<b>NAME</b>	<b>PARENTE, WILLIAM</b>
<b>STREET ADDRESS</b>	<b>6925 DAUBON COURT</b>
<b>CITY - ST - ZIP</b>	<b>NEW PORT RICHEY FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**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 or changes or is an attachment with an address.**

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of signing officer or director

**CARLO PARENTE**