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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS CITY-ST-ZIP

CLIMENT #

| 1. Corporation | PRO OF SOUTHWEST FLO | \ | | | |
|--|---|--|--|--|--------------------------------------|
| Principal Place | e of Business | Mailing Address | | | |
| 18337 QUADRILLE AVE PORT CHARLOTTE FL 33948 | | 18337 OUADRILLE AVE PORT CHARLOTTE FL 33948 | | DO MOT WOITE IN TH | 10 00 t OF |
| US | | US | | DO NOT WRITE IN TH 3. Date Incorporated or Qualified | IS SPACE |
| | | | | 09/30/1992 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| 21 | | 26 | | 65-0363764 | Not Applicable |
| Suite, Apt. | #, e lc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country 25 | Zip | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible |
| 24 | 9. Name and Address of Curre | | 30 | 10. Name and Address of New Registers | |
| НА | LL, KENNETH A. | | 81 Name | | |
| 18337 QUADRILLE AVE | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| | ITE 17 RT CHARLOTTE FL 33948 | | 83 | | |
| " | NI OFIMILOTTL TE 00040 | | 84 City | | 85 Zip Code |
| | | | " " " | | 'L. |
| office or r agent. I a SIGNATURE | Signature, typod or printed name of registered as | perit and title diapplicable (NOTE | : Registered Agent signature requi | | E |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | AND DIRECTORS IN 12 Change Addition |
| TITLE | D CARRETTI A | ☐ DELETE | 1.1 TITLE | | CHANGE CHANGRON |
| NAME STREET ADDRESS | HALL, KENNETH A 551 LINDLEY TERRACE | | 1.2 NAME 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | | 1.4 CITY-ST-ZIP | | |
| TETLE | D | DELETE | 2.1 TITLE | | Change Addition |
| NAME | HALL, MIDI D | | 2.2 NAME | | |
| STREET ADDRESS | 551 LINDLEY TERRACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | | 2. 4 CITY+ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | - · · · · · |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T serve | 5.4 CITY-ST-ZIP | | Change Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | | |
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14. 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.

Mar 27 1998 8:00am

Secretary of State