

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **694364** (1)

1. Corporation Name
FINANCIAL PROFILES, INC.



Principal Place of Business: **10992 NW 13 CT, PO BOX 8312, CORAL SPRINGS FL 33075**
Mailing Address: **10992 NW 13 CT, PO BOX 8312, CORAL SPRINGS FL 33075**

3. Date Incorporated or Qualified: **07/13/1981**
3a. Date of Last Report: **04/11/1995**
4. FFI Number: **59-2136179**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statute: Yes No

2. Principal Place of Business:
21. **10101 W Sample Rd**
22. **A-B**
23. **Coral Springs, FL**
24. **33065**
25. **Broward**
26. **10101 W Sample Rd**
27. **A-B**
28. **Coral Springs, FL**
29. **33065**
30. **Broward**

9. Name and Address of Current Registered Agent
**GRASSO, PAMELA
3126 N.W. 94TH AVE.
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.02, 607.03 and 607.1503, Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office (office of principal office) to the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am hereby authorized to accept the appointment of the Florida Statute.

SIGNATURE: *[Signature]*

4/10/96

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	THARP, KAREN SKILES	
3. STREET ADDRESS	10992 N.W. 13 CT.	
4. CITY, ST, ZIP	CORAL SPRGS FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

14. I do hereby certify that the information submitted in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. I further certify that the information indicated on this report is not 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 and ordered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 if changed or to qualify from 12 and 13.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 954-753-6733

CR2E034 (12/95)