

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1984.
AMOUNT DUE ON OR BEFORE 6/18/84: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JAN 17 PM 3: 18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L79115**

1. Corporation Name
PROFITS PLUS ENTERPRISES INC

Mailing Address Principal Place of Business
5253 N W 33rd Ave
Fort Lauderdale, FL 33309

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		June, 1990		April, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0242849		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Nonprofit with IRS 501(c)(3) Tax Exempt Status		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
Broward		USA		USA		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARTHUR Joel Esquire				81 Name Conrad S. Kulatz Esquire			
320 SE 9th Street				82 Street Address (P.O. Box Number is Not Acceptable)			
Fort Lauderdale, FL 33316				633 SE 3rd Avenue			
				83 Suite 4R			
				84 City Ft Lauderdale			
				FL			
				85 Zip Code 33301			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE **12-20-94**

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Director	1.1 TITLE	President Director	1.1 TITLE	President Director	1.1 TITLE	President Director
1.2 NAME	Noah Levine	1.2 NAME	Barbara Lapon	1.2 NAME	Barbara Lapon	1.2 NAME	Barbara Lapon
1.3 STREET ADDRESS	807 NW 79th Terrace	1.3 STREET ADDRESS	3248 NW 14th Ct	1.3 STREET ADDRESS	3248 NW 14th Ct	1.3 STREET ADDRESS	3248 NW 14th Ct
1.4 CITY-ST-ZIP	Plantation, Florida 33324	1.4 CITY-ST-ZIP	Coral Springs, Florida 33071	1.4 CITY-ST-ZIP	Coral Springs, Florida 33071	1.4 CITY-ST-ZIP	Coral Springs, Florida 33071
2.1 TITLE		2.1 TITLE	Secretary Director	2.1 TITLE	Secretary Director	2.1 TITLE	Secretary Director
2.2 NAME		2.2 NAME	Beatrice Levine	2.2 NAME	Beatrice Levine	2.2 NAME	Beatrice Levine
2.3 STREET ADDRESS		2.3 STREET ADDRESS	807 NW 79th Terrace	2.3 STREET ADDRESS	807 NW 79th Terrace	2.3 STREET ADDRESS	807 NW 79th Terrace
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Plantation, Florida 33324	2.4 CITY-ST-ZIP	Plantation, Florida 33324	2.4 CITY-ST-ZIP	Plantation, Florida 33324
3.1 TITLE		3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	900001384399	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	-01/19/95--01061--010	4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE	****200.CC ****200.CC	5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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)(b), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Barbara Lapon** **Barbara Lapon** **December 20, 1994** **305-730-9228**