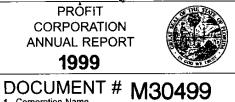
PRÔFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90032 040 ***150.00

RESORT	MANAGEMENT SERVICES	INC.				
Principal Place of Business Mailing Address					I (SOCIOSI); see tillt optiv bible lette tott blett bibli otek domi bibli otek domi	
3208 HILL STREET NEW SMYRNA BEACH FL 32169 US		3208 HILL STREET NEW SMYRNA BEACH FL 32169 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1986	
		D. Mailing Address			4. FEI Number Applied For	
 '	lace of Business	2a. Mailing Address				
21		26			00 2000 0	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired S8.75 Additional Fee Required	
City & State		City & State	⊢		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip 3	Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
O'NEILL, LINDA M 3208 HILL STREET NEW SMYRNA BEACH FL 32169			82 83	82 Street Address (P.O. Box Number is Not Acceptable) 83		
_			84	,	· 	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was aut	horized by	the co	amed corporation submits this statement for the purpose of changing its registered a corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Ager	nt signati	gnature required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE		Change Addition	
NAME	KOSMAS, STEVEN P		1.2 NAME			
STREET ADDRESS	AAAA AWA ATREET		1.3 STREE	T ADDRE	DRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 321	69	1.4 CITY-ST-ZIP		ıP	
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BARKER, ANGELA G		2.2 NAME			
STREET ADDRESS	3208 HILL STREET		2.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	NITH CHAPTAN DEACH EL COACO		2. 4 CiTY-5	4 CITY-ST-ZIP		
TITLE	V	☐ DELETÉ	3 1 TITLE		☐ Change ☐ Addition	
NAME	O'NEIL LINDA M		3 2 NAME			

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I 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, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4, 2 NAME

5.1 TITLE

6.1 TITLE

☐ DELETE

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

3208 HILL STREET

NEW SMYRNA BEACH FL 32169

Addition

Addition

☐ Addition

☐ Change

☐ Change

☐ Change