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

PHOFIT CORPORATION ANNUAL REPORT

MARK DEBIASE, INCORPORATED



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Jan 16 1998 8:00am Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P93000010318 (2) DOCUMENT

Principal Place of Business	Mailing Address					
Frincipal Flace of Business	Mannig Address	\				
9951 ATLANTIC BLVD. SUITE 323-13 JACKSONVILLE FL 32225	9951 ATLANTIC BLVD. SUITE 323-13 JACKSONVILLE FL 32225	DO NOT WRITE (DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified				
		02/10/1993				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For			

21			26				59-3168667			Not Applic	able
22	Suite, Apt. #, etc.	77.77	27	Suite, Apt. #, etc.		5. Ceri	rtificate of Status Desired			75 Additiona e Required	,i-
23	City & State		28	City & State		į,	ction Campaign Financing st Fund Contribution			.00 May Be ided to Fees	
4	<i>Г</i> ір	Country 25	29	Дір Соиі 30	ntry		s corporation owes or has paid the sonal Property Tax due June 30.		nt ye. Yes		
	9. Name and Address of Current Registered Agent					10, Nar	me and Address of New Registe	red A	gent		
	DEBIASE, MA				81	Name					
	9951 ATLANT SUITE 323-13				82	Street Address (P.O. E	Box Number is Not Acceptable)		_		
	JACKSONVILL	E FL 32225			83						
					84	City			85	Zip Code	

agent. La	m familiar with, and accept the obligations of, t	Section 607.0505, Flor	ida Statutes.	ration's board of directors. Thereby	accept the appointment as	registeres
SIGNATURE:	Stanature, typed or printed name of recistered agent and title if a	and the same of th	Registered Agent signature rec		CALE	Verania and and and and and and and and and an
12.	OFFICERS AND DIRECT		H 13.	ADDITIONS/CHANGES TO		S IN 19
TITLE	P	DELETE	1.1 TITLE	7 100 100 101 101 100 100 100 100 100 10	Change	Addition
NAME	DEBIASE, MARK	,,	1.2 NAME			
STREET AODRESS	328 OCEANWALK DRIVE, N.		1.3 STREET ADDRESS			
COY-ST-ZIP	ATLANTIC BEACH FL		14 CITY-S1-ZIP			
TITLE	SCF0	DELETE	2.1 TITLE		Change	Addition
NAME	DEBIASE, MYRA		2.2 NAME			
STREET ADDRESS	328 OCEANWALK DRIVE, N.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH FL		2.4 CITY-S1-ZIP			
INE		☐ DELETE	3.1 IITLE		Change	Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TMLE .	TO STATE OF A 1 A A A A A A A A A A A A A A A A A	☐ DELETE	4.1 TITLE	A A A A A A A A A A A A A A A A A A A	Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-st-zip			
TIFLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY-ST-ZIP			54 CITY-ST-ZiP			
DILE		DELETE	6.1 IM F		Change	Addition
NAME			fi.2 NAME			
STREET ADDRESS			6.4 STREET ADDRESS			1
l l			H (

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 surther 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 receiptr or auster-impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 17 if chapted, or on an attachment with an address.

FILED

59-3168667