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

Mailing Address

2a. Mailing Address

Suite Apt. #. etc.

or on an attachment with an address

NG OFFICER OR DIRECTOR

7004 SE GOLFHOUSE DRIVE HOBE SOUND FL 33455-8002

PROFI CORPORATION ANNUAL REPORT

1997

Principal Prace of Business

7004 SE GOLFHOUSE DRIVE

2. Principal Place of Business

appears in Block 12 or Block 13

SIGNATURE:

HOBE SOUND FL 33455

Suite Apt # etc.

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047816 (9)

NARRAGANSETT REALTY II, INC.

22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zψ This corporation has liability for intangible tax under s. 199.032, Florida Statutes 💢 Yes 🔲 No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SOPKO, JAMES Name 2307 SE MONTEREY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34996 83 84 City Zip Code F 11. Pursuant to the provisions of Sections 607.0509 and 607.1508, 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. Florida statutes. Signature typed or protest carneol nearties of agent and filled appointable (NOTE: Ecostored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) Change Addition DELETE TITLE 1.1 TITLE COSTELLO, JOHN F 1.2 NAME 7004 SE GOLFHOUSE DRIVE 1.3 STREET ADDRESS STREET ADDRESS HOBE SOUND FL 33455 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 1IILE THEFE NAM 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS City St. 703 2 4 CHY - S1 - ZIP DELETE Change ■ Add:tion 3.1 TIFLE 111 6 3.2 NAME NAME 3 3 STREET ADDRESS STR-ELABORESS 3 4. CITY - ST - ZIP CHY 51-Ze DELETE Change Addition 41 TITLE 1 [1] 4 2 NAME MAIN STABLE ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DUTY ST Z -DELETE Addition Change TileF 5.1 TOLE NAM 5.3 STREET ADDRESS SPREED ADDRESS 5.4 CiTY - ST - ZiP City - SE- 7F DETETE Change Addition 1005 61 THLE NW 6.2 NAME SPREEL ADDRESS. 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information andicated 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; the Lam 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

FILED Mar 24 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

65-0679139

5. Certificate of Status Desired

05/30/1996

4. FE! Number

3a. Date of Last Report

INITIAL YR

Daytime Priorie #

Applied For

\$8.75 Additional

Fee Required

Not Applicable