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

PRÖFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 506125

(4)

DO RIGHT REALTY, INC.

FILED
Apr 30 1997 8:00am
Secretary of State

Dincipal Place of Business										
Principal Place of Business 9727 NE 2ND. AVE MAIMI SHORES FL 33138 US		9727	MIAMI SHORES FL 33138							
						3, Date Incorporated or Qualified 06/29/1976	d 3a. Date of Last Report 05/01/1996			
2, Principal 21	Place of Business	2a, Mailing Address	——————————————————————————————————————			4, FEI Number 59-1761134			plied For	
Suite, Ap	t. #, etc.	Suite, Apl. #, etc.	Suite, Apt. #, etc.					\$8.75 A	Applicable Additional	
22		27				5. Certificate of Status Desired		Fee Re		
City & Str	ale	City & State	28			6. Election Campaign Financing	П	\$5.00 Added t		
Zip	Country	Zip				Trust Fund Contribution 8. This corporation has liability for				
24	25 29 30					Florida Statutes	Yes	□ No		
		s of Current Registered Agent	81			10. Name and Address of New Re	gistered	Agent		
	iambers, terrel f. Jr 38 n.e. 2nd avenue	₹.		\perp	Name					
	AMI SHORES FL 33138		82	82 Street Address (P.O. Box Number is Not Acceptable)						
			83	3						
			84	1	City		FL	85 Zip C	Code	
11. Pursuar	nt to the provisions of Section	ns 607.0502 and 607.1508, Florida Sta	dules, the abo	 ve-	-named coroc	ration submits this statement for the r	nurooso o	• of changing its	s registered	
I Office of	r registered agent, or both, i	in the State of Florida. Such change wa of the obligations of, Section 607.0505,	as authorized b	ov 1	the corporation	on's board of directors. I hereby acce	ot the app	ointment as	registered	
SIGNATURE										
The state of the s				jen!	it signature required		DATE			
12. TITLE	OFFICERS AND DIRECTORS 13.		13. 1.1 TOLE	-		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR: Change	S IN 12 Addition	
NAME	CHAMBERS, TERREL			1.2 NAME				C) Villings		
STREET ADDRESS	ARASE LIE ALID LLIE		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY-ST-ZIP		- ZIP					
TITLE		☐ DELETE	E 2.1 TITLE					Change	Addition	
NAME			2.2 NAME		ŧ					
STREET ADDRESS	3		2.3 STREET ADDRESS		1					
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY- 3.1 TITLE		J- ZIP			Change	Addition	
NAME			3.2 NAME					onange	7,00,11,011	
STREET ADDRESS	3		3.3 STREE	T A	ADDRESS					
CITY-ST-ZIP			3.4 CHY	ST.	I - ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	
NAME			4. 2 NAME							
STREET ADDRESS CITY-ST-ZIP			4.3 STREE 4.4 CITY-							
TITLE			5.1 TITLE	51-	- ZIP			Change	Addition	
NAME			5.2 NAME					- •		
STREET ADDRESS	s		5.3 STREE	ΤA	ADDRESS					
CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·	54 CHY-	ST-	- ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME etheet annocce	,		6.2 NAME		NDD0100					
STREET ADDRESS	7		63 STREE	1.8	3. Struus					

14. I do 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.

64 CITY-ST-ZIP