

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F 84835

1. Corporation Name

PROFILE MARKETING INCORPORATED

Principal Place of Business

Mailing Address

16805 Peru Rd.  
UMATILLA, FL 32784

16805 Peru Rd.  
UMATILLA FL 32784

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1982	3a. Date of Last Report 06-24-96
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2203859	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

TIGHE, GREGORY F.  
16805 Peru Rd.  
UMATILLA FL 32784

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or president of corporation and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIGHE GREGORY F.	12 NAME	
STREET ADDRESS	16805 Peru Rd.	13 STREET ADDRESS	
CITY, ST, ZIP	UMATILLA FL 32784	14 CITY, ST, ZIP	
TITLE	D/ST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIGHE, LORRAINE A.	22 NAME	
STREET ADDRESS	16805 Peru Rd.	23 STREET ADDRESS	
CITY, ST, ZIP	UMATILLA FL 32784	24 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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\*\*\*165.00

14. I, the undersigned, 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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* PRESIDENT

4/7/97

352-669-1295

Date

Daytime Phone #

CR2E034 (9/96)