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

PROFI1 CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005268 (4)

## **FILED** Feb 16 1998 8:00am Secretary of State

| EMERA   | ALD COAST FINANCIAL GRO                                 | OUP INC.                          |   |   |                                   |
|---|---|-----------------------------------|---|---|-----------------------------------|
| Principal Plac  | e of Business   | Maring Address                    | ·······                                       | -{  | DIÐI ÐILLE GAÐIÐ ÐIÐÐI LÐI (1851) |
| 104 2ND STREET  |   | 104 2ND STREET                    |   |   |                                   |
| PANAMA CITY BEACH FL 32413  |   | PANAMA CITY BEACH FL 32413        |   | DO NOT WRITE IN THIS SPACE                        |                                   |
|   |   |                                   |   | 3. Date Incorporated or Qualified                 |                                   |
|   |   |                                   |   | 10/08/1997  |                                   |
|   | Place of Business                                       | 2a, Mailing Address               |   | 4. FEI Number                                     | Applied For                       |
| 21  |   | 26                                |   | 59-3464703  | Not Applicable                    |
| Suite, Apt.   | #, etc  | Suite, Apt. #, etc.               |   | 5. Certificate of Status Desired                  | \$8.75 Additional<br>Fee Regulred |
| City & Stat   | te  | City & State                      |   | 6. Election Campaign Financing                    |                                   |
| 23  | -   | 28                                |   | Trust Fund Contribution                           | \$5.00 May Be<br>Added to Fees    |
| Zip   | Country   | 7 <sub>1</sub> p                  | Country                                       | 8. This corporation owes or has paid the c        |                                   |
| 24  | 25  | 29                                | 30  | Personal Property Tax due June 30.                | Yes 🗷 No                          |
|   | 9. Name and Address of Currer                           | nt Registered Agent               | 1-1   | 10. Name and Address of New Registere             | d Agent                           |
| BELL, STEVEN  |   |                                   | 81 Name                                       |   |                                   |
| 104 2ND STREET  |   |                                   | 82 Street Addr                                | ess (P.O. Box Number is Not Acceptable)           |                                   |
| PANAMA CITY BEACH FL 32413  |   |                                   | 83  |   |                                   |
|   |   |                                   | [83]  |   |                                   |
|   |   |                                   | 84 City                                       | F   | 85 Zip Code                       |
| 11. Pursuant  | to the grovisions of Sections 607050                    | 2 and 607.1508. Florida Statut    | es, the above-named corp                      | poration submits this statement for the purpose   | of changing its registered        |
| 11. Pursuant to the grovisions 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. I am familiar with, and accept the obligations of Society 607.0505, Florida Statutes. |   |                                   |   |   |                                   |
|   | an raminal way, and accept anyoung                      |                                   | onua statujes.                                | 02/01   | 198                               |
| SIGNATURE   | Signature, Special or printed narray of registered into | na pead title of applicable (NOT  | I. Fingistered Agent signature require        | ed when reinstating) DATE                         | /                                 |
| 12.   | OFFICERS AN   |                                   | 13.   | ADDITIONS/CHANGES TO OFFICERS AT                  |                                   |
| TITLE   | PCD   | ☐ DELETE                          | 1.1 TITLE                                     |   | Change Addition                   |
| NAME  | BELL, STEVEN  |                                   | 1.2 NAME                                      |   |                                   |
| STREET ADDRESS  | 104 2ND STREET  |                                   | 1.3 STREET ADDRESS                            |   |                                   |
| CITY-ST-ZIP   | PANAMA CITY BEACH FL                                    | DELETE                            | 1.4 CITY-ST-ZIP                               |   | Change Addition                   |
| TITLE   | STD CANTUL DOLINA                                       | ( ) Utiliti                       | 21 TITLE                                      | •   | L Change L Addition               |
| NAME<br>DEDECT ADDRESS  | SMITH, DONNA<br>104 2ND STREET                          |                                   | 2.2 NAME                                      |   |                                   |
| STREET ADDRESS  | PANAMA CITY BEACH FL                                    |                                   | 2.3 STREET ADDRESS                            |   |                                   |
| CITY-ST-ZIP<br>TITLE  | VD  | DELETE                            | 2. 4 CITY - ST - ZIP<br>3.1 TITLE             |   | Change Addition                   |
| NAME  | GERBIG SR, GERALD                                       |                                   | 3.2 NAME                                      |   | •                                 |
| STREET ADDRESS  | 17614 FRONT BEACH RD                                    |                                   | 3.3 STREET ADDRESS                            |   |                                   |
| CITY-ST-ZIP   | PANAMA CITY BEACH FL                                    |                                   | 3 4. CITY-ST-ZIP                              |   |                                   |
| TITLE   |   | DELETE                            | 4 1 TITLE                                     |   | Change Addition                   |
| NAME  |   |                                   | 4. 2 NAME                                     |   |                                   |
| STREET ADDRESS  |   |                                   | 4.3 STREET ADDRESS                            |   |                                   |
| CITY-ST-ZIP   |   |                                   | 4.4 CITY - ST - ZIP                           |   |                                   |
| TITLE   |   | DELETE                            | 5.1 TITLE                                     |   | ☐ Change ☐ Addition               |
| NAME  |   |                                   | 5.2 NAME                                      |   |                                   |
| STREET ADDRESS  |   |                                   | 5.3 STREET ADORESS                            |   |                                   |
| CITY-ST-ZIP   |   | DELETE                            | 54 CITY-ST-ZIP                                |   | ☐ Change ☐ Addition               |
| TITLE   |   | L) veitit                         | 61 TIFLE                                      |   | The customer The variation        |
| NAME<br>PERFET ADDRESS  |   |                                   | 6.2 NAME                                      |   |                                   |
| STREET ADDRESS  |   |                                   | 6 3 STREET ADDRESS                            |   |                                   |
| CITY-ST-ZIP   | certify that the information supplied w                 | th this lding does not qualify to | 6.4 CITY-ST-ZIP<br>or 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 upon in the information indicated on this annual report or supplemental annual upon 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 teceiver or rustice 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, purply an attachment with an address)