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PRÓFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F98000004694

CONTINENTAL BROKER-DEALER CORP.

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

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ONE OLD COUNTRY ROAD CARLE PLACE NY 11514				ONE OLD COUNTRY ROAD CARLE PLACE NY 11514					DO NOT WRITE IN THIS SPACE					
		, , ,	131 1				•		<ol> <li>Date Incorp 08/17/19</li> </ol>		alited			
2. Principal P	lace of Business		2a.	Mailing Add	iress				4. FEI Numbe			•	A	plied For
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Suite, Apt.	#, etc.			Suite, Apt. #	#, etc.				5. Certifcate o	f Statue Decir	ed 🗆		\$8.75	Additional
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Zip	Coun	try	29	Zip	30	Country			8. This corpora	ation owes the	current ye		ngible □ Yes	□No
24	9. Name and Add	ress of Current F		ered Agent		<u>'                                    </u>			0. Name and	<del> </del>	lew Regis	tered A	gent	
		1. 1. N.	,			81	Name			•		,	e i	
	IONSCORP. REGIST	ERED AGENTS	, INC			82	Street A	ddress	(P.O. Box Nun	nber is Not Ac			•	
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						. 84	City	. = -				FI	85 Zip	Code
11. Pursuant	to the provisions of Se	ctions 607 0502 a	and:60	07.1508. Flor	rida Statutes.	the above	l e-named c	orporat	ion submits thi	s statement fo	or the purpo	ose of c	l l hanging its	registered
office or r	registered agent, or bot im familiar with, and ac	th, in the State of	Florid	a. Such chai	nge was auth	orized by	the corpor	ration's	board of direct	ors. I hereby	accept the	appoint	ment as re	gistered
agent. ra	ini familiai widi, and ac	cept the obligation	113 01,	Section 607	.0000, 1 101102	Claidios	•							1
CICKIATURE													•	
SIGNATURE	Signature, typed or printed nar	ne of registered agent as	nd title if	applicable.	(NOTE: Re	gistered Ager	at signature rec	quired whe	en reinstating)		0/	ATE .		
SIGNATURE		ne of registered agent as OFFICERS AND		CTORS		gistered Ager	nt signature rec	quired whe		CHANGES T				
	CS			CTORS	(NOTE: Re		at signature rec	quired whe		CHANGES TO			DIRECTO	DRS IN 12.
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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 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 (6) 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, with all other like empowered.