

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G15149** (9)

1. Corporation Name

**PROFITLOGIX, INC.**



Principal Place of Business

**1061 S.W. 17TH ST  
BOCA RATON FL 33486  
US**

Mailing Address

**1061 S.W. 17TH ST  
BOCA RATON FL 33486  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** **1061 SW 17TH ST**

Suite, Apt. #, etc.

**27** City & State

**28** **BOCA RATON FL**

Zip

**29** **33486**

Country

**30** **US**

9. Name and Address of Current Registered Agent

**FIRLIT, TANYA M.  
1061 SW 17TH ST.  
BOCA RATON FL 33486**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

3. Date Incorporated or Qualified

**12/27/1982**

3a. Date of Last Report

**04/03/1995**

4. FEI Number

**59-2243084**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title of agent, if applicable

(Signature, typed or printed name of registered agent and title of agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD  
FIRLIT, TANYA M.  
1061 SW 17TH ST.  
BOCA RATON FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S  
MORICE, ELTON K., JR.  
1299 SW 12TH AVE  
BOCA RATON FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T  
MILLER, SANDRA L.  
514 NE 19TH STREET  
FT. LAUDERDALE FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**33486**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**33486**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**FT. LAUDERDALE 33305**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

SIGNATURE:

**Tanya M. Firmit, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TANYA M. FIRMIT**

**4/20/96 (407) 395-4319**  
DATE (Day, Month, Year)

CR2E034 (12/95)