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

PROFIT CORPORATION **ANNUAL REPORT**

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90126 028 ***150.00

DOCUI 1. Corporation	MENT # G15149							
PROFITI	OGIX, INC	,						
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,		•						
Principal Place	of Business	Mailing Address				\$ 1009)(14 DOOR 1180); B1101 F10); B1010 1011 B1011 B	B \$1017 01011	01011 01011 1001
· · · · · · · · · · · · · · · · · · ·								
1061 S.W. 17TH ST 1061 SW 17TH STREET BOCA RATON FL 33486 BOCA RATON FL 33486					1			
US	2 00 100	US			L	DO NOT WRITE IN THIS	SPACE	
;	•					3. Date Incorporated or Qualifed		
\						12/27/1982		
⊢	ace of Business	2a. Mailing Address				4. FEI Number	 	pplied For
21 .		26				59-2243084		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City 8 Stat		City & State	. ; ; -		-	A Floribus Compaign Financing		
City & State		⊢ ′				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country	28	Country			This corporation owes the current year Int		
24	25	29 3	´	-		Personal Property Tax.	Yes	⊠No
	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registered	Agent	
· · · · ·			81	Name				
	it, tanya m.		82	Street	Address	s (P.O. Box Number is Not Acceptable)		
1061 SW 17TH ST.			02	Sueer	Addies	(P.O. Box Number is Not Acceptable)		ŀ
BOCA RATON FL 33486			83					
			84	City			85 Zip	Code
			84	City		FL	_ 83 215	
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								s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	nonzed by l la Statutes.	me corpo	orations	s board of directors. Thereby accept the appoint	TITLIBETH GO IS	egistered .
SIGNATURE								
CIGITATORE	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	egistered Agent	t signature r	required wh			
12.	OFFICERS AND		13.		r	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO ☐ Change	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Citarige	
NAME	FIRLIT, TANYA M.		1.2 NAME					- }
STREET ADDRESS	1061 SW 17TH ST.		1.3 STREET					
CITY-ST-ZIP.	BOCA RATON FL		1.4 CITY-ST-ZIP		ļ <u> </u>		Change	Addition
TITLE ,	_		2.1 TITLE					
NAME	MORICE, ELTON K., JR.		2.2 NAME					
STREET ADDRESS	1299 SW 12TH AVE	•	2.3 STREET					}
CITY-ST-ZIP	BOCA RATON FL	DELETE	2.4 CITY+S 3.1 TITLE	T-ZIP ·		ا است مکیک دست بری	Change	Addition
TITLE	MILLED CANDDA 1		3.2 NAME				- G-	
NAME :	MILLER, SANDRA L. 514 NE 19TH STREET		4	AUUDEss	1227	Eigete Merr		ļ
STREET ADDRESS	FT. LAUDERDALE FL		3.4, C/TY-5	7.7ID	1777	Fiesta Way		İ
CITY-ST-ZIP.	II. LAUDENDALE I'L	DELETE	4.1 TITLE	. 🖽	r C+	Lauderdale_FL_33301	() Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS		_		
CITY-ST-ZIP	À.		4.4 CITY-ST			•		
TITLE		DELETE	5.1 TITLE		1		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS	_		5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME '			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				}

CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

3/16/99

(561)395-4719