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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(7)

FILED Feb 20 1998 8:00am Secretary of State

PROFIT	able investmen	T CORP.								
Principal Place	of Business	Ma	iling Address					11 G1G11 G1P1 G1	****	
2699 STIRLIN	G ROAD		2699 STIRLING ROAD							
SUITE A-101 FORT LAUDERDALE FL 33312			SUITE A-101 FORT LAUDERDALE FL 33312				DO NOT WRITE IN THIS SPACE			
FOR LAUDENDALE PL 30012				ENDRICE TE 35072			3. Date Incorporated or Qualified			- i
							12/23/1982			
2. Principal Pi	ace of Business	2a.	2a. Malling Address				4. FEI Number		Ar	plied For
21			26				59-2246608		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22			27			5. Contribute of clared profess	<u> </u>	Fee Re	quired	
City & State			City & State			6. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution		Added	
Zip	Country Zip			L	ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24		25 29 30 Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	_ 	a or carrent negisi	eren Agerit		B1	Name	10. Hamb Blid Addioss of How Inc	Sieroica M	3 0111	
	ESS, MARTIN									
) E. BROWARD BLVD.					Street Addres	ess (P.O. Box Number is Not Acceptable)			
	ITE 1130 Lauderdale Fl 333	0.4								
гі	LAUDENDALE PL 333	34			83					
				1	B4 (City		FL	 85 Zip (Code
11. Pursuant i office or re agent. I a	o the provisions of Sections o	ons 607.0502 and 60 in the State of Florid pt the obligations of	7.1508, Florida S tatut a. Such change was Section 607.0505, Fl	les, the ab authorized orida Stati	oove-n by thutes.	named corpo he corporatio	ration submits this statement for the jon's board of directors. I hereby acce		hanging it intment as	s registered registered
SIGNATURE	<u> </u>			· ·				DATE		
	Signature, typed or printed name :	of registered agont and title		13.	Agent t	signature required	about the state of		DIRECTOR	S IN 12
TITLE	PD	HOENO AND BINEO	DELETE	1.1 TII	LE		, 100,110,101,111,111,111		Change	Addition
NAME	HESS, BARRETT			1.2 NA		1				
STREET ADDRESS	2699 STIRLING RO	AD	1.3 \$			DDRESS				
CITY-ST-ZIP	FT LAUDERDALE F			1.4 CP	IY-ST-2	ZIP				
TITLE		•	DELETE	2.1 717				[Change	Addition
NAME				2.2 NA	ME					
STREET ADDRESS				2.3 \$T	REET AD	ODRESS				
CITY-ST-ZIP	•			2. 4 CI	TY-ST-	ZIP				
TITLE			DELETE	3.1 TIT					Change	Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 ST	REET AD	OORESS				
CITY-ST-ZIP				3.4. CI	TY-ST-	ZIP				
TITLE			DELETE	4.1 3(1	LE				Change	Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET AD	DDRESS				
CITY-ST-ZIP				4.4 (01	TY-ST-Z	ZIP				
TITLE			DELETE	5.1 TIT	LE			I	Change	☐ Addition
NAME				5.2 NA	ME	1				
STREET ADDRESS				5.3 ST	REET AD	odress				1
CITY-ST-ZIP				5.4 CI	IY-ST-2	ZIP				
TITLE			☐ DELETE	6.1 TIT	LE			Ĺ	Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET AD	odress				
CITY-ST-ZIP					TY-ST-					,-,
## boroby c	artifu that the information	cumplied with this fo	ling does not qualify f	or the eve	motio	o stated in S	Section 119 07(3)(i). Florida Statutes.	turther cert	inv that the	Intermation

I nereby certity 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 informatic 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 extension of the receiver of the corporation of the receiver of the receiver

2/12/08

954/963-2775