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

PROFIL CORPORATION ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

**CORAL SPRINGS FL 33067** 

2. Principal Frace of Basiness

Serte Ant #. c:

City & State:

9625 NW 57 CT.

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DOCUMENT #

CORAL SPRINGS FL 33067-2872

Mailing Address

8625 NW 57 CT.

2a. Mailing Address

City & State

7<sub>(D)</sub>

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g. Name and Address of Current Registered Agent

Suite. Apt. #. etc.

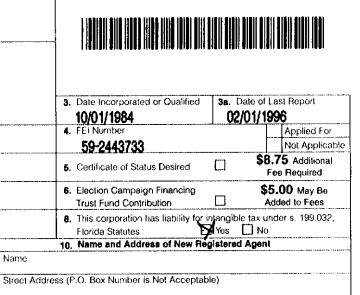
SPRINGS SUBWAY, INC. # 957

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ABBOTT, ARGYLE C. 8625 NW 57 CT.

**CORAL SPRINGS FL 33067** 

## FILED Mar 25 1997 8:00am Secretary of State



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. Fare far ellar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NCTF: Registered Agent signature required when feinstating) and grown period or a some unit or a accordance the Bapple abid. (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change \_\_\_ Addition DELETE TOTAL PD 1.1 THE ABBOTT, ARGYLE C. 1.2 NAME CR2E034 1.34 8625 NW 57 CT. 1.3 STREET ADDRESS STREET ADDITEDS **CORAL SPRINGS FL** 14 CHY-ST-ZIP Clr 5 71 Change Addition DELETE 1014 21 TITLE **2.2 NAME** NOU 2.3 STREET ADDRESS SHOEL ADDRESS 2. 4 CITY - S1 - 7IP DELETE Change Addition 3.1 TITLE TELF MAMi 3.2 NAM5 3.3 STREET ADDRESS SUBSECTION OF STREET 3 4. C(TY - \$1 - ZIP) QHY-51-20 Change Addition DELETE 41 THILE 1.1014 2 NAME 44Nb 4.3 STREET ADDRESS STREET ANDRESS 4.4 CHY-ST-ZIP Oh SL7 Change Addition DELETE 5.1 TITLE 1.10 5.2 NAME NAME 5 3 STREET ADDRESS STREET ATOMISS 5 4 CITY - ST- ZIP orv 51.7 Addition DELETE 111 F 6.1 TITLE 11389 6.2 NAME 6.3 STREET ADDRESS \$18E14.30BEE 6.4 CHY-SI-ZIP

Country

81 Name

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83 84 City

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14. If do needby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate dion this armunit 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 arm the other conditions of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE:

Zip Code