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PROFI1 CORPORATION ANNUAL REPORT



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

1996

	MENT # <b>H242</b> Name AS L. JEZEK, D.V.M, P.A of Business	\ " <i>\</i>				
incipal Place of Business % THOMAS L. JEZEK 33663 U.S. 19 N PALM HARBOR FL 34684		% THOMAS L. JEZEK 33663 U.S. 19 N PALM HARBOR FL 34	684	Date incorporated or Qualified	3a. Date of Last R	enort
				10/01/1984	07/21/19	
Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number		Applied For
Contract to		26		59-2484100	···	Not Applicable
Scite, Apt. #	r, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.0	O May Be d to Fees
Zg:	Country 25	2φ <b>29</b>	Country 30	This corporation has liability for in Florida Statutes  Yes	tangible tax under s	
	9. Name and Address of Curr		100)	10. Name and Address of New Re	_	
			81 Name			
JEZEK, THOMAS L.			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
	I.S. 19 NORTH		83			
PALM II.	ARBOR FL 34684		63			
			84 City		FL 85 Z4	o Code
familiar with	n, and ascept the obligations of, Se	ection 607.0505, Florida Statutes		ration submits this statement for the purp ard of directors. I hereby accept the appoi		<b>-</b>
familiar with 3NATURE 	5 до сти Дурен го римон пали обледуются я ад		'F Registered Agont signature require		DATE SERS AND DIRECTO	
familiar with	Sign over Appear or product a recolor grown a way OF LICE AS A	extandible mappicane (NO	'E. Registered Agent's greature require	ad when reinstaling):		
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outh. 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. SIGNATURE: THOMAS L. JIEZEK

1/31/96