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

PROF11 CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996		Secretary of State DIVISION OF CORPORATIONS		S							
DOCUMENT # H35		H35497	(7)									
	ENTERPRISES	. INC.										
, (12	Little in thoco	, 1110										
ne and Plac	e of Business		aling Address									
C/O DON F			C/O DON FLECKNER									
4274 SW 64 DAVIE FL 3	I AVE		4274 SW 64 AVE DAVIE FL 33314			Date Incorporated or Qualified						
							3. Date incorporated or Qualified 12/27/1984	3a.	Oate of L 01/13			
Principal F	Pace of Business	2a 26	Mailing Address		•		4. FEI Number 59-2476839				Applied Fo	
Suite Apt.	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$	8.75	Additional Required	
Oity & Sta	te	——————————————————————————————————————	City & State				6. Election Campaign Financing			5.00) May Be	
Zp		puntry 28	Zip	Cour	ntry		Trust Fund Contribution 8. This corporation has liability for				to Fees 199.032.	
	25	29		30			Florida Statutes	124 1	10			
	9. Name and A	ddress of Current Regis	stered Agent		81 N	Name	10. Name and Address of New F	legiste	red Age	1t	-	
FLECK	NER DONALD I						200 D Al	, .				
FLECKNER, DONALD L. 4274 SW 64 AVE					82 5	itreet Addre	ess (P.O. Box Number is Not Acceptab	(ek				
DAVIE	FL 33314				83						****************	
					84 (City			FL 8	5 Zip	Code	
. Pursuant	to the provisions of	Sections 607.0502 and 60	07.1508. Florida Statute	s, the above	ve nan	ned corpora	ation submits this statement for the pu	maea a	of changin	a its re	oistered	offic
 or registe 	ered agent, or both, i	n the State of Florida. Suc obligations of, Section 607	h change was authorize	ed by the o	orpora	ition's board	d of directors. I hereby accept the app	òintme	nt as regis	stered	agent. I a	m
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64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, if on an attachment with an address.

6 1 TITLE 6.2 NAME

63 STREET ADDRESS

SIGNATURE

STEEL ALORESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR