

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H38991** (6)
To: Corporation Name
PROFUNDO REALTY, INC.

Principal Place of Business: **3939 CHEVAL BLVD
LUTZ FL 33549**
Mailing Address: **3939 CHEVAL BLVD
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 01/22/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2480975	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.037 Florida Statutes ☐ Yes ☒ No	

2. Executive Office Address 21	2a. Mailing Address 26
State Apt # etc. 22	State Apt # etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICH, JOSEPH, F
3939 CHEVAL BLVD
LUTZ FL 33549**

01. Name	
02. Street Address (P.O. Box Number is Not Acceptable)	
03.	
04. City	FL
05. Zip Code	

11. Pursuant to the provisions of Sections 627.05(2) and 627.1508, 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 agent. I am familiar with and accept the obligations of Sections 627.1508, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent or Designated Agent or Designated Agent in Charge

AT

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	STACKPOOLE, JAMES M.	1.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	1.3 STREET ADDRESS	
CITY & STATE	LUTZ FL	1.4 CITY & STATE	
ZIP	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYNARD, CHARLES V.	2.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	2.3 STREET ADDRESS	
CITY & STATE	LUTZ FL	2.4 CITY & STATE	
ZIP	VST	3.1 TITLE	☐ Change ☐ Addition
NAME	ARCHERD, FERDERIC M.	3.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	3.3 STREET ADDRESS	
CITY & STATE	LUTZ FL	3.4 CITY & STATE	
ZIP	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SIGALL, MICHAEL	4.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	4.3 STREET ADDRESS	
CITY & STATE	LUTZ FL	4.4 CITY & STATE	
ZIP	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LILJEQUIST, RUNE	5.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	5.3 STREET ADDRESS	
CITY & STATE	LUTZ FL	5.4 CITY & STATE	
ZIP	D	6.1 TITLE	☒ Change ☐ Addition
NAME	SJORBERG, OLOF	6.2 NAME	
STREET ADDRESS	3939 CHEVAL BLVD	6.3 STREET ADDRESS	
CITY & STATE	LUTZ FL	6.4 CITY & STATE	
ZIP		7.1 NAME	ENGWALL, JENS
		7.2 STREET ADDRESS	3939 CHEVAL BLVD
		7.3 CITY & STATE	LUTZ, FL

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Sections 199.037(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it would 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 627, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:

PREDERIC M. ARCHERD, JR. V/S/T

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