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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE San**dra** B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT # H38991

(6)

1. Corporation Name

PROFUNDO REALTY, INC.

	·-···	
Principal	Place of	Business

Mailing Address



3939 CHEVAL LUTZ FL 3354		3939 CHEVAL BLVD LUTZ FL 33549				
					3. Date Incorporated or Qualified 01/22/1985	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address	***************************************		4. FEI Number	Applied For
21		26			59-2480975	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State	*		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	 -	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes	™ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent
			81	Name		
BICH 10)\$EPH, F		82	Street A	ddress (P.O. Box Number is Not Acceptabl	۵۱
-	IEVAL BLVD		02	SUBBLA	address (F.O. Box Namber is Not Acceptable	6)
LUTZ FL			83	<u> </u>		
LOIZ FL	33349					
			84	City		FL 85 Zip Code
11. Pursuant t	a the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s. the above-	L	rooration submits this statement for the pur	
or register	ed agent, or both, in the State of Flor	ida. Such change was authorize	ed by the corp	oration's t	rporation submits this statement for the purpopard of directors. I hereby accept the appo	sintment as registered agent. Lam
	th, and accept the obligations of, Sec	iuon 607.0000, fionda Siaidi es .				
SIGNATURE _	Signature, typed or printed name of registered age:	c and title if applicable (NO)	F. Beaistered Age	at slocat incire	cuired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	[] DELETE	1. 1 1/TLE			Change Addition
NAME	STACKPOOLE, JAMES M.		1.2 NAME			
STREET ADDRESS	3939 CHEVAL BLVD		1.3 STREET	ADDRESS		
CITY-S1-ZIP	LUTZ FL		1.4 CITY - 5			
THE	V	☐ DELETE	2 1 TITLE			Change Addition
NAME	MAYNARD, CHARLES V.		2.2 NAME			
STREET ADDRESS	3939 CHEVAL BLVD		2.3 STREET	ADORESS		
CHTY-ST-ZIP	LUTZ FL		2.4 CITY-5			
TITLE	VST	X) DELETE	3. 1 TITLE		ST	Change Addition
NAME	ARCHERD, FERDERIC M.	QV.	3.2 NAME		JOSEPH F. RICH	A
STREET ADDRESS	3939 CHEVAL BLVD			T ADDRESS	3939 CHEVAL BLVD	
CITY-SI-7IP	LUTZ FL		3.4 CITY-5		LUTZ, FL	
TITLE	D	DELETE	4. 1 TITLE			Change Addition
NAME	SIGALL, MICHAEL	سبه	4.2 NAME			
STREET ADDRESS	3939 CHEVAL BLVD		4.3 STREET	ADDRESS		
CITY-ST-ZiP	LUTZ FL		4.4 CITY-S			
TITLE	D	DELETE	5 1 7 ITLE			Change Addition
NAME	LILJEQUIST, RUNE	maque v	5.2 NAME			
STREET ADDRESS	3939 CHEVAL BLVD		5.3 STREET	ADDRESS		
CITY-ST-ZIP	LUTZ FL		5.4 CITY - S			
TITLE	D	X DELETE	6 1 TITLE	· · · · · · · · · · · · · · · · · · ·	D	Change Addition
NAME	ENGWALL, JENS	Ar.	6.2 NAME		BJÖRN SVEDIN	
STREET ADDRESS	3939 CHEVAL BLVD			ADDRESS	3939 CHEVAL BLVD	
City_St_7iP	IIIT7 FI		6.4 CITY-5		THTO EI	

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 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 attachment with an address.

SIGNATURE

THE AND TYPE D ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOSE PHER RICH SECRETARY TREASURER

4/16/96

(813) 948-4000

Daytime Phone #

CR2E034 (12