FILE NOW: FILING FEE AF PROFIL CORPORATION ANNUAL REPORT 1997		FLORIDA DEPA Sandra Secret	TER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Feb 26 1997 8:00am Secretary of State			
	MENT # H994 ENTERPRISES, INC.	Mailing Address						
PO BOX 510465 800 12TH STREET KEY COLONY BEACH FL 33051 US		PO BOX 510465	PO BOX 510465 KEY COLONY BEACH FL 33051-0465		3. Date Incorporated or Qualified	1 .	te of Last Re	əporl
2. Principal P	lace of Business	2a. Mailing Address			02/14/1986 4. FEI Number	04/1	6/1996	plied For
21 Suite, Apt	#, etc	26 Suite, Apt. #, etc	••••••••••••••••••••••••••••••••••••••		59-2679095		N₀ \$8.75 /	t Applicable
22 City & Stat		27 City & State			5. Certificate of Status Desired		Fee Re	,
23	· ···· ···· ····· ··· ··· ··· ·····	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	o Fees
Zip 24	Country 25	Ζιρ 29	Country 30		B. This corporation has llability for Florida Statutes	intangible] Yes [199.032,
	9, Name and Address of C	Current Registered Agent	81	Name	10. Name and Address of New Re	gistered /	gent	
DUVYDELL III, ITIUMAS J.					ess (P.O. Box Number is Not Acceptat	ole)		
MAF	ATHON FL 33050		83					
				City			85 Zip (
aa b b b b b b b b b b	to the constraint of Constraint CO	7 05 00 and 207 15 09 Florida Stat		•	protion submits this statement for the	FL		
office or r agent i ta SIGNATURE					poration submits this statement for the p lion's board of directors. I hereby acce		ointment as	registered
12.	Signature typed or pasted name of registe OFFICE F	RS AND DIRECTORS	DTE: Registerad Agent 13.	Bignature requi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	
TETLE NAME	PD Joyce, Leonard E.	DEL E TE	1.1 TITLE 1.2 NAME				🔲 Change	Addition
STREET ADDRESS	57 ASH TREE LANE		1.3 STREET AL	idress				
CRY ST 20P MLE	NEW CANAAN CT	DELETE	14 CITY-ST- 21 TITLE	ZIP	······		Change	Addition
NAME	JOYCE, WILLIAM D.		2 2 NAME				C onango	
STREET ADDRESS	800-12TH STREET		2 3 STREET AL					
CHY-S1-20F DB:E	KEY COLONY BEACH FL	DELETE	2 4 CITY-ST 3 1 TITLE	218	·····		Change	Addition
NAME			3 2 NAME					
STREET ADDRESS CITEX: ST. ZPP			3 3 STREET AN 3.4. CHIY-ST					
10.E	• • • • • • • • • • • • • • • • • • •	DELETE	4.1 TITLE				Change	Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET AL	DDRESS				
CITY - \$1 - 201			4.4 CITY-ST-		····			-
THLE NAME		L DELETE	5 1 TITLE 5 2 NAME				Change	Addition
STREET ADDRESS			5.3 STREET A	DDRESS	· · ·			
CITY-SI-Z-2 THLE		DELETE	5.4 CITY - ST- 6 1 TITLE	21P			Change	Addition
NAME			6.2 NAME				end onenge	hand modeling
STHEET ADDRESS			6 3 STREET A					
Cl°Y+SI+Z# 14. Edo here] by certify that the information si	upplied with this filing does not qua	6.4 CITY-ST- alify for the exem	ption stated	d in Section 119.07(3)(i), Florida Statute	is. I further	certify that	the
intomiatic Lami an c	on indicated on this annual repo fricer or director of the corporation	ort or supplemental annual report is tion or the receiver or trustoe emore	s true and accura swered to execut	ite and that	t my signature shall have the same lega rt as required by Chapter 607, Florida 5	al effect as	if made un	der oath; that
	4	ged, or on an attachment with an a		ג -	T 1			
SIGNAT	URE: SIGNATURE AND TY	PEO OR PRINTEO NAME OF SIGNING OFFICI	ER ON DIRECTOR	110	, Toyce 3/21/9	7_ <u>J</u>	S-74	5-2989