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PROFI1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J044(1. Corporation Name L.D.T., INC.	02 (0)			
Prancipal Place of Business	Mailing Address		- I LEOPLIFO DI LI DOLLI DADILI BABAF DOLFO I	FB) 01011 01011 21E31 01014 01011 01011 1001
712 S. DIXIE HWY STUART FL 34994	712 S. DIXIE HWY STUART FL 34994			
			3. Date Incorporated or Qualified 03/13/1986	3a. Date of Last Report 05/12/1995
2. Principal Place of Business	2a. Mailing Address	EAGLE POINT	4. FEI Number 7 59-2645175	Applied For
Saite, Apit #. etc	Suite, Apt. #, etc.	crigoc toini		Not Applicab \$8.75 Additional
2	27		5. Certificate of Status Desired	Fee Required
City & State 3	City & State 28 STUAR	T FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zq Country	7lp 0.0.1	Country _	This corporation has liability for in	Added to Fees
4 25	29 34994	30 USA.	Florida Statutes XYes	□No
9, Name and Address of Curi	ent Registered Agent	81 Nanie	10. Name and Address of New Re	gistered Agent
BODEM, LOREN E.				
815 COLORADO AVE.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 305		83		
STUART FL 33497		84 City		85 Zip Code
				FL
 Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of FI familiar with, and accept the obligations of, Se 	orida. Such change was authorize	ed by the corporation's board	d of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE Signative speed or perted name of registerior as		It. Registered Agent sgretcie required		DATE
2. OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	* * ** · · · <u> </u>
WAUGH, JOHN CALDER		1 1 THE 12 NAME		Change Addition
PRIET ADDRESS 712 S. DIXIE HWY		1.3 STREET ADDRESS		
1Y-57-7# STUART FL		14 CITY - ST - ZiP		
ILF	□ DELETE	2 1 TITLE		☐ Change ☐ Addition
M		2.2 NAME		
15-51-7P		2.3 STREET ADDRESS		
lef	DELETE	24 Cily-ST-7-P 3 1 TillF		Change Addition
MA:	-	3.2 NAME		
ef - LADDRESS		3.9 STREET ADDRESS		
h \$1 ZP	F1 tstoric	34Cily ST-ZiP		— — — — • • • • • • • • • • • • • • • • • • •
TEF AME	[] DEFFIE	4 1 7-TLF 4 2 NAME		Change Addition
BEET ACOCESS		4.3 STREET ADDRESS		
B) - \$4 - 20		4.4.0.TY - ST - ZIP		
n:	[]] DELETE	5 1 TITLE		Change Addition
N.M		5.2 NAME		
Re F A0. 67.05		5 3 STREET ADDRESS		
IFF ST ZIP	☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	<u> </u>	☐ Change ☐ Addition
MA.	Писи	6 2 NAME		E visings E require
BEFLADORASS		6 3 STREET ADORESS		
(ty St-Zie		6.4 CITY - ST. ZIP		
 I do hereby certify that the information supplie cert if that it is information indicated on this ar- cath; that I am an office for director of the co- appears in Block 12 or Block 13 archanges. 	inual report or supplemental anni- poration or the receiver or trusted in on an attachment with an addri	all report is true and accurate empowered to execute this ess.	e and that my signature shall have the surport as required by Chapter 607, Flor	ame legal effect as if made under
SIGNATURE: SIGNATURE AND THE	OR PRINTED NAME OF SIGNING OFFICE	HNC, W	AUGH 02/09	7/96 69229(6