

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 9:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J19642 (4)
1. Corporation Name
PROFILES PLUS, INC.

Principal Place of Business Mailing Address
28286 U.S. 19 SUITE 205 CLEARWATER FL 34621 **28286 U.S. 19 SUITE 205 CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/06/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2705208** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SCHWALJE, GERARD R.
1114 FLORIDA AVE, SUITE A
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent
01 Name **CUFFE, DAVID**
02 Street Address (P.O. Box Number is Not Acceptable) **2174 Marquita Dr.**
03 **Dunedin, FL 34698**
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Section 607.0509, Florida Statutes.

SIGNATURE *David Cuffe* **David Cuffe** DATE **3-27-95**
Sign in ink or typed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHWALJE, GERARD R.
STREET ADDRESS	3150 TIMBERVIEW DR
CITY - ST - ZIP	DUNEDIN FL
TITLE	DST
NAME	CUFFE, DAVID
STREET ADDRESS	2174 MARQUITA DR
CITY - ST - ZIP	DUNEDIN FL
TITLE	D
NAME	BELKO, GERALD F.
STREET ADDRESS	474 OAKDALE
CITY - ST - ZIP	GLENCOE IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(b), 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: *David Cuffe* **David Cuffe** DATE **3-27-95** 83-786-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #