

**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 <b>28286 U.S. 19 SUITE 205 CLEARWATER FL 34621</b>	Mailing Address <b>28286 U.S. 19 SUITE 205 CLEARWATER FL 34621</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/06/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2705208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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** **3-27-85**  
Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<b>SCHWALJE, GERARD R. 3150 TIMBERVIEW DR DUNEDIN FL</b>
TITLE <b>DST</b>	<b>CUFFE, DAVID 2174 MARQUITA DR DUNEDIN FL</b>
TITLE <b>D</b>	<b>BELKO, GERALD F. 474 OAKDALE GLENCOE IL</b>
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>D P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>D ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **3-27-85** **83-786-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #