

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: 29296 U.S. 19 SUITE 205 CLEARWATER FL 34621
Mailing Address: 29296 U.S. 19 SUITE 205 CLEARWATER FL 34621

3. Date Incorporated or Qualified: 06/06/1986
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2705208
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: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

CUFFE, DAVID
2174 MARQUITA DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 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 607.0505, Florida Statutes.

SIGNATURE: *Susan C. Priest*, President

4/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWALJE, GERARD R.	
STREET ADDRESS	3150 TIMBERVIEW DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CUFFE, DAVID	
STREET ADDRESS	2174 MARQUITA DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BELKO, GERALD F.	
STREET ADDRESS	474 OAKDALE	
CITY-ST-ZIP	GLENCOE IL	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	Susan C. Priest	
STREET ADDRESS	1987 Lynnwood Ct.	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	500001817975
44 CITY-ST-ZIP	-05/13/96--01023--011
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	***200.00
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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: *Susan C. Priest, V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

813-186-4000

CR2E034 (12/95)