

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J47816 (0)

1. Corporation Name

PROFUNDO CHEVAL, INC.



Principal Place of Business

Mailing Address

3939 CHEVAL BLVD
LUTZ FL 33549

3939 CHEVAL BLVD
LUTZ FL 33549

3. Date Incorporated or Qualified

12/18/1986

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

4. FEI Number

59-2755101

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICH, JOSEPH, F
3939 CHEVAL BLVD
LUTZ FL 33549

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STACKPOOLE, JAMES, M	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY - ST - ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIGALL, MICHAEL	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY - ST - ZIP	LUTZ FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	ARCHERD, FREDERIC, M, JR	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY - ST - ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LILJEQUIST, RUNE	
STREET ADDRESS	3939 CHEVAL BLVD	
CITY - ST - ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ENGWALL, JENS	
STREET ADDRESS	3939 CHEVAL BLVD.	
CITY - ST - ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST
3.3 STREET ADDRESS	JOSEPH F. RICH
3.4 CITY - ST - ZIP	3939 CHEVAL BLVD. LUTZ, FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	BJÖRN SVEDIN
5.4 CITY - ST - ZIP	3939 CHEVAL BLVD LUTZ, FL
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)(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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

(813) 948-4000

Daytime Phone #

CR2E034 (12/95)