FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (9)J66184 Corporation Name PROFILE TECHNICAL SERVICES, INC. Principal Place of Business Mailing Address 351 PARK HILL BLVD 351 PARK HILL BLVD W MELBOURNE FL 32904-5119 W MELBOURNE FL 32904-5119 US 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1987 03/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 115 Hickory Street 115 Hickory Street 59-2793744 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 206 X Suite 206 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Melbourne, FL Melbourne, FLTrust Fund Contribution Added to Fees Zipi Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 32904 USA 25 29 32904 30 Florida Statutes Yes □No USA g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **EVANS, LINDA** 82 Street Address (P.O. Box Number is Not Acceptable) 351 PARKHILL BLVD 29 West Avenue B W MELBOURNE 32904 City 84 85 Zip Code Melbourne 32901 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 obligation, of, Section 607.0505, lorida Statutes. LINDA EVANS, PRESIDENT WO. SIGNATURE 01/18/96 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEE DELETE 1.1 THEF K Change Addition **EVANS, LINDA** 12 NAME CR2E034 351 PARKHILL BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS 29 West Avenue B W MELBOURNE FL DITY-ST-ZIP 1.4 City - St - 7iP Melbourne, FL 32901 Title □ DELETE 2 1 THILE Change ☐ Addition 5.4.1. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TIL. F DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TiTLE DELETE 4.1 DOLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY - \$1 - 2IP TOUR DELETE 5 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS COY-SL-702 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

SIGNATURE: LINDA EVANS, PRESIDENT

appears in Block 12 or Block