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PROFIT 109 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90026 013 ***150.00

1. Corporation	MENI # K18811					
	//B & DECORT, P.A.					
HOLCON	AD & DECONTRACT			I SERVENCE POR MARK MAIN LINES MARK MAIN AUDIS DIA	it BiBil BiBli 911	I
Principal Place	e of Business	Mailing Address		T ANNIOUSE AND LINUX LOUBS TO BE VENDE USING ASING	il dig il di a li dil	I
% VICTOR W. H		415 S HYDE PARK AVE				
315 S HYDE PA		TAMPA FL 33606				
TAMPA FL 3360	06	US		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed		
		2a. Mailing Address		03/14/1988 4. FEI Number	Ann	lied For
——ii. *	lace of Business	2a. Mailing Address		59-2878661		Applicable
Suite, Apt.	# etc	Suite, Apt, #, etc.			\$8.75 AC	
22 Suite, Apr.	#, 6to.	27		5. Certificate of Status Desired	Fee Req	
City & State	te	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year Intai	ngible	_
24	25	29	30	Coordan Toponty Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	gent	
	COMP. MOTOR W		81 Name			
HOLCOMB, VICTOR W. 315 S HYDE PARK AVE		82 Street Add	fress (P.O. Box Number is Not Acceptable)			
TAMPA FL 33606.		83		1 2 2	2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
) J. TAIWI	FA FE 33000,		03			1
() () () () () () () () () ()			84 City	FL	85 Zip C	ode
*		00 C07 4500 Florida Statuto	s the shows named car	poration submits this statement for the purpose of c	hanging its r	egistered
to office or r	registered except or both in the State	of Florida Such change was all	monzed by the comporat	ion's board of directors. I hereby accept the appoint	tment as reg	istered
i - i agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flore	da Statutes.	•		
SIGNATURE						
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating) DATE		
12	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent signature requirement		DIRECTOR	RS IN 12
12 .	Signature, typed or printed name of registered age			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
	Signature, typed or printed name of registered ago OFFICERS A	ND DIRECTORS	13.			RS IN 12 Addition
TITLE	OFFICERS AI OFFICERS AI HOLCOMB, VICTOR W.	ND DIRECTORS	13. 1.1 TITLE			RS IN 12
TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D HOLCOMB, VICTOR W.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		☐ Change	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of an attachment with an address, with all other like impowered.

SIGNATURE: