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PROF11 CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K96495

(2)

FILED
Mar 21 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 4549 SAMUEL ST SARASOTA FL 34233 Mailing Address -PO BOX 21289 -SARASOTA FL 34278-4289 -US							
				 Date Incorporated or Qualified 06/19/1989 		ate of Lasi)1/1996	
Principal P	hace of Business	2a. Mailing Address		4. FEI Number	00/0		Applied For
	* 0.44	26 7859 Suddle	Creek Prive	65-0134840			Not Applicable
- Suite, Apr I	#. CE	Suite, Apt. #, etc.		5. Certificate of Status Desired	□Z/		5 Additional Required
l - City & State	O	Cry & State		6. Election Campaign Financing			May Be
	1 · · · · · · · · · · · · · · · · · ·	28 Scrasota	1-4	Trust Fund Contribution			d to Fees
Ziμi L	Country 2. T	าม ^{Zip} เไวนเ	30 Same	8. This corporation has liability for			rs. 199.032,
l	[25] 9. Name and Address of Curr	29 7424(ent Registered Agent	30 30005012	Florida Statutes 10. Name and Address of New F	Yes [
MiDD	DLETON, BRUCE		81 Name				
	SAMUEL ST		82 Street Addre	ess (P.O. Box Number is Not Accept	able)		
SARA	asota FL 34233				· · · · · · · · · · · · · · · · · · ·		
			83				
			84 City		FL	85 Zi	p Code
l. Pursuant office or r agent 1 a	ro the provisions of Sections 607.05 registered agent, or both, in the Sta in familiar with, and aucept the obt	502 and 607.1508. Florida Statut de of Florida. Such change was d ligations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporati orida Statutes.	poration submits this statement for the ion's board of directors. I hereby acc	e purpose or cept the app	ointment	as registered
Pursuant office or ragging 1 a	in familiar with, and accept the obt Server Serverposetrass conditions	ligations of, Section 607.0505, Fl	es, the above-named corp authorized by the corporati brida Statutes. E Registered Agent signature require. 13.		DATE		
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Information in a value on this armost report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under or Lam 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 it changed, or on an attachment with an address.

SIGNATURE:

3-17-87 941-924-6910