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PROF11 CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State



DOCUMENT 1. Corporation Name	#	L56615
HOS W VOOL	I DER	INC

Principal Place of Business 2556 SE BURTON ST

PT ST LUCIE FL 34952

Mailing Address

2556 SE BURTON ST PT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1990 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0216518 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHILDER, NANCY H R1 Name 2556 SE BURTON ST Street Address (P.O. Box Number is Not Acceptable) PT ST LUCIE FL 34952 83 84 Zip Code City 85 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 (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE **SCHILDER, LARRY W** 1.2 NAME NAME 2556 SW BURTON ST 1.3 STREET ADDRESS STREET ADDRESS PT ST LUCIE FL CITY-ST-ZIP 1.4 C(TY - ST - Z)P Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 10 LE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIP DELETE ☐ Change Addition 5.1 TILLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - 2IP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing closs 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 supplicmental 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

6.4 CH1Y-S1-ZIP

STREET ADDRESS

CITY-ST-ZIP