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

PROFII
CORPORATION
ANNUAL REPORT



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

	1990	DIVISIO	TO CONFORMIONS		
DOCUI	MENT # M333	57 (3)		
• • • • • • • •	IER, INCORPORATED				
11107111	ich moon ohnes			I DATA CORDILITATA ANTONIA CORDILITATA ANTONIA CORDILITATA ANTONIA CORDILITATA ANTONIA CORDILITATA ANTONIA CORDI	INDIANA AND REBER AND IN BERTHA BEATH AND IN
Principal Place		Mailing Address			
4980 NW 65 LAUDERHILL	· · · · =	4980 NW 65 AV Lauderhill Fl			
US	L LL DAILS	US US	30318		
				3. Date Incorporated or Qualified 06/09/1986	3a. Date of Last Report 05/01/1995
2. Principat Pl	ace of Business	2a, Mailing Addres 26	S	4. FEI Number 59-2682001	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, e	tc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	Δ	City & State		6 Fination Committee Simontine	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Ζιρι	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes Yes	—
	g. Name and Address of Curre	ent Registered Agent	B1 Name	10. Name and Address of New Ro	egistered Agent
DEADO	e, richard G.				
	W 65 AVE.		82 Street Addr	ress (P.O. Box Number is Not Acceptabl	e)
	RHILL FL 33319		83		
		_	24 6		11 7 0 .
)	84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050 red again, or both, in the State of Fla	and 607.1508, Florida	Statutes, the above-named corpor	ration submits this statement for the pur	cose of changing its registered office
familiar wi	ed againt, or both in the Systelof Flor th, against country obligations by	olio eo Florida St	atutes.	rd of directors. I hereby accept the appo	antment as registered agent. I am
SIGNATURE	WALLEY SON	MA TO	-10/9)		112116
12.		nt and title if applicable ND DIRECTORS	(NOTE: Registered Agent signature require	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DP	DELETI			☐ Change ☐ Addition
NAME	PEARCE, RICHARD G.		1.2 NAME		
STREET ADDRESS	4980 NW 65 AVE.		1.3 STREET ADDRESS		
CHTY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETI			Change 🗀 Addition
NAMF			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHTY-ST-ZIP THTLE		DELETI	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME	ĺ		32 NAME		· Committee Committee
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIF'		
Trile		DELETI	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		Fi pri pri	4.4 CITY-ST-ZIP		
THLE		DELETI	5. 1 TITLE		Change Addition
NAME STREET ADDRESS	1		6 0 114 1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS			5.2 NAME		
CITY - ST - 7IP			5 3 STREET ADDRESS		
CITY - ST - ZIP TITLE		∏ DELETI	5 3 STREET ADDRESS 5.4 City - St - Zip		☐ Change ☐ Addition
		_ DELEYI	5 3 STREET ADDRESS 5.4 City - St - Zip		Change Addition

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 policated on this application of the certify that I am an officer of director of the composition of the receipter 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 chapters or on an attachment with an address.

63 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

NURE AND TYPED OF MINTED HAME OF BIGNING OFFICER OF DIRECTOR

4.738

305-181-8464