

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

1996 SEP -3 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003902 (2)

1. Corporation Name

STUART CHAPTER OF PROFNET, INC.

Principal Place of Business

452 SE GALLEON ST  
PORT ST LUCIE FL 34853

Mailing Address

452 SE GALLEON ST  
PORT ST LUCIE FL 34853

3. Date Incorporated or Qualified  
08/14/1995

3a. Date of Last Report

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NADEAU, PHIL J  
452 SE GALLEON ST  
PORT ST LUCIE FL 34853

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME PHIL J. NADEAU  
STREET ADDRESS 452 SE GALLEON ST.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34853

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ DELETE  
NAME SAM GOODE  
STREET ADDRESS 2501 SE AVIATION WAY #H  
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME KIM TOTM  
1.3 STREET ADDRESS 1030 SW ARTHUR DUNN BLVD.  
1.4 CITY-ST-ZIP PALM CITY FL 34990

2.1 TITLE V.P. ☐ Change ☒ Addition  
2.2 NAME HARRY LAWRENCE  
2.3 STREET ADDRESS 857 NE JENSEN BEACH BLVD.  
2.4 CITY-ST-ZIP JENSEN BEACH, FL 34457

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME CHARLES VAN DIEN  
3.3 STREET ADDRESS 101 DECKER AVE #124  
3.4 CITY-ST-ZIP STUART, FL 34994

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

300001946153

09/12/96 01100 000

\*\*\*\*\*61.25 \*\*\*\*\*61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

Date

361-288-2881

Daytime Phone #

0016194

CR2E037 (3/96)