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Jul 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003902

1. Corporation Name
STUART CHAPTER OF PROFNET, INC.

Principal Place of Business	Mailing Address
~~452 SE GALLEON LANE~~ ~~PORT ST LUCIE FL 34983~~ ~~US~~	~~452 SE GALLEON LANE~~ ~~PORT ST LUCIE FL 34853~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2593 HWY A1A	26 2593 HWY A1A	08/14/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0529137 ☐ Applied For ☐ Not Applicable
City & State 23 MELBOURNE BEACH, FL	City & State 28 MELBOURNE BEACH, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32951 Country 25 USA	Zip 29 32951 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROEBKE, NANCY 452 SE GALLEON LANE PORT ST LUCIE FL 34983	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	SERVIES, DEWEY		1.2 NAME	Roy Emmett	
STREET ADDRESS	1914 NW SPRUCE RIDGE DRIVE		1.3 STREET ADDRESS	1025 SW Martin Downs Blvd #203	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD Donna Kelley	☒ Change ☒ Addition
NAME	SMITH, CHRISTIE		2.2 NAME	1000 S. Federal Hwy	
STREET ADDRESS	665 SW COLLEGE PARK ROAD		2.3 STREET ADDRESS	Stuart FL 34994	
CITY-ST-ZIP	PORT ST LUCIE FL 34953		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☒ Change ☒ Addition
NAME	ZABERER, DONALD		3.2 NAME	Debora Fiska	
STREET ADDRESS	10 SE CENTRAL PARKWARY		3.3 STREET ADDRESS	3211 NW Federal Hwy	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	Jensen Bch FL 34957	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	COPELAND, LAURIE		4.2 NAME	Chris Ladue	
STREET ADDRESS	33 FLAGLER AVENUE		4.3 STREET ADDRESS	1276 NW Fed. Hwy	
CITY-ST-ZIP	STUART FL 34994		4.4 CITY-ST-ZIP	Stuart FL 34994	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Roy Emmett 8/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #