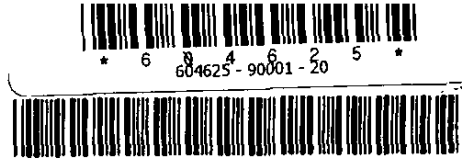


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Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90025 016 ****61.25

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 452 SE GALLEON LANE PORT ST LUCIE FL 34983 US			Mailing Address 452 SE GALLEON LANE PORT ST LUCIE FL 34983 US		



2. Principal Place of Business 21 2593 HWY A1A Suite, Apt. #, etc.		2a. Mailing Address 26 2593 HWY A1A Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/14/1995	
22 City & State MELBOURNE BEACH, FL		27 City & State MELBOURNE BEACH, FL		4. FEI Number 65-0529137	
23 Zip 32951		29 Zip 32951		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ROEBKE, NANCY 452 SE GALLEON LANE PORT ST LUCIE FL 34983		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SERVIES, DEWEY 1914 NW SPRUCE RIDGE DRIVE STUART FL 34994	1.1 TITLE	PD Roy Emmett 1025 SW Martin Downs Blvd #203 Palm City FL 34990
NAME	VPD SMITH, CHRISTIE 665 SW COLLEGE PARK ROAD PORT ST LUCIE FL 34953	1.2 NAME	VPD Donna Kaelley 1000 S. Federal Hwy Stuart FL 34994
STREET ADDRESS	TD ZABERER, DONALD 10 SE CENTRAL PARKWAY STUART FL	1.3 STREET ADDRESS	SD Debora Fiska 3211 NW Federal Hwy Jensen Bch FL 34957
CITY-ST-ZIP	TD COPELAND, LAURIE 33 FLAGLER AVENUE STUART FL 34994	1.4 CITY-ST-ZIP	TD Chris Ladua 1276 NW Fed. Hwy Stuart FL 34994
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)