PŘOFIT CORPORATION **ANNUAL REPORT** 

1999

DOCUMENT # P10760



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90018 020 \*\*\*150.00

	NSTRUCTION SERVI									
Principal Place	of Business		Mailing Address							
11701		11 31	701 BORMAN DR			-				
315 ST LOUIS MO (	20146		T LOUIS MO 63146			ŀ	DO NOT V	VRITE IN THIS	SPACE	
US	W140	ŬS				3. Date	Incorporated or Qualit	ed	· '	
						07/	11/1986			
2. Principal P	lace of Business	2a	. Mailing Address			4. FEI I	Number		A	pplied For
21		26	1 -			43-	1388410		N	ot Applicable
Suite, Apt.	#, etc.		Sulte, Apt. #, etc.			S. Corti	ifcate, of Status Desired	·		Additional
22		27		-=			III.		Fee R	equired
City & Stat	<b>6</b>		City & State			6. Elect	tion Campaign Financi	ng 🗆		May Be
23		28	<u> </u>				t Fund Contribution			to Fees
Zip	Country		ZIP	Coun	itry		corporation owes the	current year Inte	angi ole	
24	25	29	<u> </u>	30]			ional Property Tax.		Yes	□No
	9. Name and Address o	of Current Regi	stered Agent		81 Name	10. Narr	ne and Address of Ne	A Mediateren y	Agent	
VAAN	DED MATERI LADOV D			ľ	81 Name					
	DER MATEN, LARRY D. SWEETWATER CLUB BI	NO.		Ī	82 Street	Address (P.O. B	Sox Number Is Not Acc	eptable)		
	GWOOD FL 32779	LVD.		).						
LUM	GMOOD PL 32//9			ŀ	83					ĺ
	•	_	·	ŀ	84 City				85 Zlp	Code
		•						FL		
11. Pursuant	to the provisions of Sections	607.0502 and (	607.1508, Florida Stat	utes, the ab	ove-named	corporation sub-	mits this statement for	the purpose of coort the appoin	changing its	registered   egistered
11. Pursuant office or r agent. I a	to the privisions of Sections egistered agent, or both, in If m familiar with, and accept the section of the se	reconuncy	u see	~ XX		required when reinstati	ing)	DATE	77_	- <u>-</u> -
	Signature, typed or printed maryle of reg	reconuncy	Wappicable. (NO	VE Registered /	Agent signature	required when reinstati		DATE	D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed maryle of reg	pistured againt any lith	if applicable. (NO	VE. Registered	Agent signature	required when reinstati	ing)	DATE	77_	- <u>-</u> -
SIGNATURE	Signature, typed or printed range of reg	CERS AND DIR	Wappicable. (NO	VE Registered /	igeni ugrebre	required when reinstati	ing)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12.	Signeture, typed or printed resple of reg	CERS AND DIR	Wappicable. (NO	√E. Registered / 13. 1.1 TIT 12 NA	igeni ugrebre	required when reinstati	ing)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signesure, typed or privated margin of region of PD VANDER MATEN, LARR	CERS AND DIR	Tappicable. (NO	13. 1.1 TITE 12 NAJ 1.3 STE	ngent ugheture LE	required when reinstati	ing)	DATE	D DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed maple of reg OFFIC PD VANDER MATEN, LARR 1071 SWEETWATER CL	CERS AND DIR	Wappicable. (NO	13. 1.1 TITE 12 NAJ 1.3 STE	ngent ugnebure LE ME REET ADORESS Y-ST-ZIP	required when reinstati	ing)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP	Signeture, typed or printed margle of region of FIC PD VANDER MATEN, LARR 1071 SWEETWATER CL LONGWOOD FL	CERS AND DIR	Tappicable. (NO	13. 1.1 TITE 12 NAI 1.3 STE 1.4 CIT	Ngeril wgrimbure LE NGE REET ADDRESS Y-ST-ZIP	required when reinstati	ing)	DATE	D DIRECTO	DRS IN 12
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SIGNATURE  12.  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS	Signeture, vipad or printed margle of region of FIC PD VANDER MATEN, LARRI 1071 SWEETWATER CL LONGWOOD FL ST NETEMEYER, LOUIS	Y D.	Tappicable. (NO	13. 1.1 TTT 12 NA 1.3 STF 1.4 CTT 2.1 TTTI 2.2 NAI 2.3 STF	Agent sommure LE  ME  REET ADDRESS Y-ST-ZIP LE ME	required when reinstati	ing)	DATE	D DIRECTO	ORS IN 12  Adcition  Adcition
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I instead certary that the information supplied with this flag does not quality for the exemption stated in Section 119,07(3)(i). From a statuse, intrinstructure, that it is indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under only, that I am an officer or director of the corporation of the receiver 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 changed, or on an attachagent with an address, with all other like empowered.

12	(C)	JΛ	TI	ID	

/7	SIGN	PACICIA	RE RI	EQUA	ried	UY
SIGNATURE	AND TYPES	PRINTED NAM	E OF BIGNING	OFFICER OR DI	RECTOR	