## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIL CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Feb 11 1997 8:00am

Secretary of State

404)636-6313

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P29564**

SIGNATURE:

(2)

PW CHISHOLM INC

ritti Ol	1101 (OFIA)	, ino										
Principal Place of Business				Mailing Address					]		iss meder medit	B101) 1001
4728 RIDGEWOOD RD. E. BOYNTON BEACH FL 33436				4728 RIDGEWOOD RD. E. BOYNTON BEACH FL 33438-6117								
									3. Date incorporated or Qualified 05/30/1990		e of Last R 1/1996	leport
Principal Place of Business 21				28. Mailing Address 26				4. FEI Number Applied For 58-1560015 Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				,		<del></del>	Additional	
22				27				5. Certificate of Status Desired		•	equired	
City & Stat	e			City & State					6. Election Campaign Financing	ld		May Be
23		I	28	7	T				Trust Fund Contribution	<u>LJ</u>		to Fees
Zip		Country	-	Zip		ountry	•		8. This corporation has liability for i		ax under s No	i. <b>199</b> .032,
24	a Nama	25 and Address of Curren	29 t Regis	tered Agent	30	-			Florida Statutes  10. Name and Address of New Reg			
CUI	SHOLM, PA		riogia	tored Agent	<del></del>	81	Name	········	10. Hatte and Address of Heat Het	liatolog V	Agus.	
						Ĺ						
4728 RIDGEWOOD ROAD EAST BOYNTON BEACH FL 33436				82			Street	Addre	ess (P.O. Box Number is Not Acceptable)			
						83						
						84	City			FL	<b>85</b> Zip	Code
44 Pursuant	to the provis	ions of Sections 607 050	2 and 6	07 1508 Florida Stat	utes the	ahav	e-namer	d corpo	ration submits this statement for the n		changing i	ts registered
office or r	registered ag	gent, or both, in the State	of Flori	da Such change was	s authori	ed b	y the col	rporatio	ration submits this statement for the points board of directors. I hereby acceptions	t the appo	intment as	registered
agent. i a	ım tamıllar w	itti, and accept the obliga	ations o	1, Section 607.0505, f	riorida S	latute	<b>S</b> .		•			
SIGNATURE	Stocation Typed	Lor printed name of tegistered age	nt and title	rf apolicable (NC	OTF: Bacista	red Age	ent signatur	re required	when reinstating)	DATE		
12.	Cigrania, iji	OFFICERS AN			13		on vigitato	- toqombo	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12
TITLE	ST			☐ DELETE		TITLE		T			Change	Addition
NAME .	CHISHO	LM, PATRICK W.			1,2	NAME						
STREET ADDRESS	4728 RIC	ogewood RD. E.			1.3	STREET	ADDRESS					
CITY-ST-ZIP	BOYNTO	IN BEACH FL			1.4	City-S	ST-ZIP					· ·
TITLE	P			DELETE	21	TITLE					Change	Addition
NAME		LM, PAUL G.			2.2	NAME						
STREET ADDRESS		DYNTON COVE WAY			2.3	STREET	T ADDRESS	]	•			ļ
CITY-ST-ZIP		ON BEACH FL			2.	4 CITY -	ST-ZIP	1				
TITLE	VP			DELETE	3.1	TITLE		1			Change	Addition
NAME		LM, DAVID J.			3.2	NAME						
STREET ADDRESS		BY LANE			3.3	STREET	address					
CITY - ST - ZIP	ATLANTA	A GA				CITY-	ST-ZIP					
TITLE				☐ DELETE	4.1	TITLE				l	Change	Addition
NAME					4.	2 NAME		1				
STREET ADDRESS					4.3	STREET	ADDRESS	1				
CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·			4.4	CITY-S	ST-ZIP	<u> </u>				
TITLE				☐ DELETE		TITLE		1		I	Change	Addition
NAME						NAME						
STREET ADDRESS							ADDRESS					
C/TY - ST - ZIP					**	CITY-S	ST-ZIP					
THTLE	{			☐ DELETE	- 1	TITLE		}		1	Change	Addition
NAME	<b>\</b>					NAME						
STREET ADDRESS					6.3	STREET	ADDRESS					

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or Block 13 if changed, open an attachmont with an address.