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PROFI1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000014195 (0) DOCUMENT # 1. Corporation Name

STATEWIDE MANAGEMENT AND FINANCIAL SERVICES CORP

STATEWIDE MANAGEMENT AND FINANCIAL SERVICES CORP				10,600, No. 1000, NA. 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011, 1011	
incipal Place of Business Mailing Address					
OOI IVES DAIRY	RD.	1001 IVES DAIRY RD. STE 206			
E 206 MIAMI FL 33179		N. MIAMI FL 33179		3. Date Incorporated or Qualified 02/18/1993	3a. Date of Last Report 12/11/1995
Principal Place	of Business	28. Mailing Address		4. FEI Number	Applied For
r into pai i lase	, or closinos	26		64-0411108	Not Applicable
Suite, Apt. #, c	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
Dity & State		28		Trust Fund Contribution	Added to Fees
 Ζφ	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032.
	25	29	30	10. Name and Address of New F	
	9. Name and Address of Cu	irrent Registered Agent	81 Name		
COLDMAN	1167		82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
GOLDMAN, LISA 1001 IVES DAIRY RD.			62 0,1351,715		
#206			B3		
N. MIAMI F	L 33179		84 City		FL 85 Zip Code
. Fursuant to	the provisions of Sections 607.	.0502 and 607.1508, Florida Sta	atutes, the above-named corporated by the corporation's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its registered or pointment as registered agent. I am
	Lacent, or both, in the State of	Florida. Such change was auth	idos	ald of disconsistency	
or registered familiar with.	and accept the obligations of,	Section 607.0505, Florida Statu	uies.		
familiar with,	, and accept the obligations or,	Occupin de r. 5500, montas outre			DATE
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SIGNATURE:

Lisa Goldman 2-16-96 (305)770-0755