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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023109 (0)

1. Corporation Name
INCREASE PROFIT, INC.



Principal Place of Business
878 HAWKSBILL ISLAND DR
SATELLITE BEACH FL 32837

Mailing Address
878 HAWKSBILL ISLAND DR
SATELLITE BEACH FL 32837-3850

3. Date Incorporated or Qualified
03/26/1993
3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 490 Roosevelt Ave

2a. Mailing Address

26 490 Roosevelt Ave.

22 Suite, Apt. #, etc.

22 64

27 Suite, Apt. #, etc.

27

23 City & State

23 Satellite Beach, FL

28 City & State

28 Satellite Beach, FL

24 Zip

24 32937

Country

25 Brevard

29 Zip

29 32937

Country

30 Brevard

9. Name and Address of Current Registered Agent

SANDERS, MARIE F
878 HAWKSBILL ISLAND DR
SATELLITE BEACH FL 32837

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

490 Roosevelt Ave.

83

84 City

Satellite Beach

FL

85 Zip Code

32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Marie F. Sanders

Marie F. Sanders

1/20/97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME SANDERS, MARIE F
STREET ADDRESS 878 HAWKSBILL ISLAND DRIVE
CITY-ST-ZIP SATELLITE BEACH FL

TITLE VP ☐ DELETE

NAME SANDERS, ROBERT J.
STREET ADDRESS 878 HAWKSBILL ISLAND DRIVE
CITY-ST-ZIP SATELLITE BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Marie F. Sanders

1/20/97

407-779-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0104002

CR2E034 (9/96)