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

PROFIT CORPORATION ANNUAL REPORT

1998



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000023109 (0)

INCREASE PROFIT, INC. Principal Place of Business Mailing Address 190 ROOSEVELT AVE 490 ROOSEVELT AVE SATELLITE BEACH FL SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1275 S. Pal 26 Not Applicable <del>59-3177946</del> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SANDERS, MARIE F 490 ROOSEVELT AVE Street Address (P.O. Box Number is Not Acceptable) 82 SATELLITE BEACH FL 32937 Zip Code ろみそろ 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change \_\_\_\_ Addition TITLE 1.1 TITLE NAME SANDERS, MARIE F 1.2 NAME STREET ADDRESS 879 HAWKSBILL ISLAND DRIVE 1.3 STREET ADDRESS SATELLITE BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition 2.1 TITLE TITLE NAME SANDERS, ROBERT J. 2,2 NAME 878 HAWKSBILL ISLAND DRIVE 2.3 STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4,3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME

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)(1). Florida Statutes. I further certify that the information 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 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

6,1 TITLE 62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

Marvallagaroxused

☐ DELETE

Jan 6 1998 407 -0230

Change

Addition

**FILED** 

Jan 16 1998 8:00am

Secretary of State

CR2E034 (10/97)