**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90131 022 \*\*\*150.00



DOCUMENT #	P93000023109
1. Corporation Name	. 0000000

INCREASE PROFIT, INC.

Principal Place of Business Mailing Address COCCUE! T-AVE 1275 S PATRICK DR STE N-2 SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE SATELLITE\_BEACH\_FL=32937= 3. Date Incorporated or Qualifed 03/26/1993 2a. Mailing Address 26 685 Janal 4, FEI Number Applied For 2. Principal Place of Business 59-3177946 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required FL32937 تتبالكفكح 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State -; Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SANDERS, MARIE F 82 Street Address (P.O. Box Number is Not Acceptable) 685 CANAL CT SATELLITE BEACH FL 32937 83

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.

84 City

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Change Addition 1.1 TITLE TITLE SANDERS, MARIE F 1.2 NAME NAME C85 CAMPLET 879 HAWKSBILL ISLAND DRIVE 1.3 STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 1.4 CITY+ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE TITLE 2.1 TITLE SANDERS, ROBERT J. 2.2 NAME NAME 878 HAWKSBILL ISLAND DRIVE 2.3 STREET ADDRESS G85 CAMPL CT STREET ADDRESS SATELLITE BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME EDELMINO RIOS NAME JZIG UISTA OAKS CIRCUE 3.3 STREET ADDRESS STREET ADDRESS PAUM BAY, FL 32905 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 1 4.2 NAME JERRY AUTH 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ★Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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)(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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

85 Zip Code