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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041772 (3)

PROFIT GROUP MARKETING, INC.

Principal Plac	ce of Business	Mailing Address							
POST OFFICE BOX \$98552 DRIANDO FL \$2853		POST OFFICE BOX \$36552 ORLANDO FL 32853-6552							
						3. Date Incorporated or Qualified 06/07/1993	3a. Date of 07/26/1		
21	Place of Business	26. Mailing Address 26				4. FEI Number 59-3184605	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	5. Certificate of Status Desired		.75 Additional eo Required	
City & Sta		Cily & State				Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip 24	Country 25	Ζφ [29]	30	Country			Yes No		
(9. Name and Address of Current	Registered Agent			1	10. Name and Address of New Re	pistered Agent		
	(BEY, ROGER K.			81	Name				
	PALM DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
ORL	ANDO FL 32803								
				63					
				84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Stat	tutes.	the above	e-nanted cor	poration submits this statement for the pation's board of directors. I hereby accept	urpose of chan	ging its registered	
office or	registere d agent, or both, in the State (am familiar with, and accept the oblica	of Horida. Such change wa John of Section 607,0505.	is auth Florida	iorized by a Statute	/ the corpora v	ation's board of directors. Thereby accep	t the appointme	ent as registered	
SIGNATURE	Xeen X	when)	Floric.	28	1997	
SIGNATURE	Signature, type to critified name of registered again		OÎL Re	gistered Ag	ot a gnature requ	ired when reinstating)	DATE	t t t f	
12.	OF FICE RS AND	DIRECTORS \	7	18		ADDITIONS/CHANGES 10 OFFIC	ERS AND DIRE	CTORS (N 12	
TITLE	PSTD	L. J DELETE	\mathbf{T}	1.1 THE		•		nange 🔲 Additio	
NAME	SIXBEY, ROGER K		"	1.2 NAM{					
STREET ADDRESS	POST OFFICE BOX 536552 N/A			1,3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32853			1,4 CITY - S	31 - ZIP				
TITLE		L_ DELFTE		2.1 THLE			L_j c	iange 🔲 Additio	
NAME	İ		ŀ	2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		2.4 CITY-	S1 - ZIP .				
TITLE		DELETE	1	3.1 THE			ci	iange 🔲 Addilio	
NAME				3.2 NAME					
STREET ADDRESS			j	3.3 STREET	ADDRESS			•	
CITY-ST-ZIP				3.4 CITY-	ST-ZIP				
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NAME				4.2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP			[4.4 CITY - S	1- ZIP				
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NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	1 - 21P				
TITLE		DELETE		6.1 TITLE			☐ C	nange 🔲 Addition	
NAME				6.2 NAME	j				
STREET ADDRESS	1			6.3 STREET	ADDRESS				
CITY-ST-ZIP				64 CHY-S	1 - 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 eath; 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 attachined with an address.

FILED

May 13 1997 8:00am

Secretary of State