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PROFI1 CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000053364	(4)
1. Corporation Name		, ,

CATHERINE A. BAILES, C.P.A., P.A.

SUITE 100	ISISANA AVE. )	Mailing Address 1177 LOUISIANA AVE SUITE 100 WINTER PARK FL 32			1 10011001 175 10700 1711 00117 01	erer #\$161 # <b>819</b> 1 /		<u> 4161 1981</u>
WINTER PARK FL 32789 US		US			3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1993 03/28/1995			port 995
1	lace of Business	2a. Mailing Address			4. FEI Number 59-3193665		-	pplied For lot Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
2		27						equired
City & State	$\epsilon$	City & Stale			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zp ⊒	Country	Zφ	Country	·	8. This corporation has liability for		under s	199.032,
	25	[29]	30			□ No		
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New F	tegisterea A	gent	
RAILE	ES, CATHERINE A					<del></del>		
	W HIGHBANKS RD		82	Street Addr	ess (P.O. Box Number is Not Acceptat	Ole)		
DEBA	NRY FL 32713		83					
			84	City		FL	85 Zip	Code
or registe familiar w	ith, and accept the obligations of, S	ection 607.0505, Florida Statutes.						
familiar w SIGNATURE	Signature: speed or printed hence of registered a	gent and title it applicable (NO*		nt signature required		DATE FICERS AND	DIRECTO	RS IN 12
familiar w SIGNATURE 12.	Signature: speed or printed hence of registered a		E. Registered Age  13. 1.1 TILE		d where reinstalling)  ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTO	RS IN 12
familiar w SIGNATURE 112.	Squature: Speed or prefet hence of reprehend a OFFICERS PD BAILES, CATHERINE A	grad and little if applicable (NO* AND DIRECTORS	13.			FICERS AND		
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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 it 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: SIGNATURE A

1 - 24 - 96 407 - 629 - 177/ Deglare Phone 1