

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000067123 (8)

1. Corporation Name

PROFIT MAKERS, INC.

Principal Place of Business

3018 HAWTHORNE RD  
TAMPA FL 33611

Mailing Address

3018 HAWTHORNE RD  
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1993

4. FEI Number

59-3206252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6619 THOROUGHBRID LOOP

Suite, Apt. #, etc.

22

City & State

23 ODESSA, FL

Zip

24 33556

Country

25 HILLSBOROUGH

2a. Mailing Address

26 6619 THOROUGHBRID LOOP

Suite, Apt. #, etc.

27

City & State

28 ODESSA, FL

Zip

29 33556

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

BIKOWITZ, M LYNN  
3018 HAWTHORNE RD  
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

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

6619 THOROUGHBRID LOOP

83

84 City ODESSA

FL

85 Zip Code

33556

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

*M. Lynn Bikowitz*

Signature of person authorized to act as registered agent and to file this statement

(NOTE: Registered Agent signature required when reinstating)

1/12/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BIKOWITZ, PAUL W  
STREET ADDRESS 3018 HAWTHORNE RD  
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME BIKOWITZ, M LYNN  
STREET ADDRESS 3018 HAWTHORNE RD  
CITY-ST-ZIP TAMPA FL

TITLE VP ☒ DELETE

NAME BIKOWITZ, M. LYNN  
STREET ADDRESS 3018 HAWTHORNE  
CITY-ST-ZIP TAMPA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS 6619 THOROUGHBRID LOOP  
1.4 CITY-ST-ZIP ODESSA, FL 33556

2.1 TITLE D, VP ☒ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS 6619 THOROUGHBRID LOOP  
2.4 CITY-ST-ZIP ODESSA, FL 33556

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 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

*Paul W Bikowitz*

PAUL W BIKOWITZ

2/1/98

813 926 8463

CP2E034 (1097)