

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90061 006 \*\*\*150.00

DOCUMENT # **P93000077440**

Corporation Name  
**PROFIT, INCORPORATED**

Place of Business Mailing Address  
**MEARS PKWY 2060 MEARS PKWY**  
**FL 33063 MARGATE FL 33063**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/01/1993**

4. FEI Number

**65-0450717**

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**SIEGEL, CORRIE M**  
**2032R MEARS PKWY**  
**MARGATE FL 33063**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

I, the undersigned, being the duly authorized officer or director of the corporation, 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

**P**  
**SIEGEL, CORRIE M**  
**2060 MEARS PKWY**  
**MARGATE FL 33063**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE: **Corrie Siegel, Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/2/99** **227-0484**  
(954)

CR2E034 (1/198)