

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000082992 (7)

1. Corporation Name

PROFITABLE MANAGEMENT SERVICES, INC.



Principal Place of Business

4895 S ATLANTIC AVE  
PONCE INLET FL 32127  
US

Mailing Address

4895 S ATLANTIC AVE  
PONCE INLET FL 32127  
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

03/09/1995

4. FEI Number

59-3221107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OSSINSKY, MARC P  
210 N WYMORE ROAD  
WINTER PARK FL 32789

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

11. Pursuant to the provisions of Sections 607.0507 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

Signature typed or printed name of registered agent

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                    | STREET ADDRESS      | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
|-------|-------------------------|---------------------|----------------------|---------------------------------|
|       | D<br>PEACOCK, MYRTICE L | 4895 S ATLANTIC AVE | PONCE INLET FL 32119 |                                 |
| TITLE | NAME                    | STREET ADDRESS      | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
| TITLE | NAME                    | STREET ADDRESS      | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
| TITLE | NAME                    | STREET ADDRESS      | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
| TITLE | NAME                    | STREET ADDRESS      | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
| TITLE | NAME                    | STREET ADDRESS      | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
| TITLE | NAME                    | STREET ADDRESS      | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |

13.

| 13.1 TITLE | 13.2 NAME | 13.3 STREET ADDRESS | 13.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------|-----------|---------------------|---------------------|-------------------------------------------------------------------|
| 2.1 TITLE  | 2.2 NAME  | 2.3 STREET ADDRESS  | 2.4 CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE  | 3.2 NAME  | 3.3 STREET ADDRESS  | 3.4 CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE  | 4.2 NAME  | 4.3 STREET ADDRESS  | 4.4 CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE  | 5.2 NAME  | 5.3 STREET ADDRESS  | 5.4 CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE  | 6.2 NAME  | 6.3 STREET ADDRESS  | 6.4 CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Myrtice L. Peacock, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRTICE L. PEACOCK

3/05/96

(904) 761-6928

DATE

PHONE #

CR2E034 (12/95)