

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 # P94000005179 (4)

1. Corporation Name

NATIONWIDE TEMPERAMENT PROFILES, INC.



Principal Place of Business

Mailing Address

4849 SE 110TH ST.  
STE. 53  
BELLEVUE FL 34420

4849 SE 110TH ST.  
STE. 53  
BELLEVUE FL 34420

2. Principal Place of Business

21 13395 SE 106 AVE

Suite, Apt. #, etc.

22

City & State  
23 OCKLAWAHA, FL

Zip  
24 32179

Country  
25 USA

2a. Mailing Address

26 P.O. Box 101

Suite, Apt. #, etc.

27

City & State  
28 EASTLAKEWEIR FL

Zip  
29 32133

Country  
30 USA

3. Date Incorporated or Qualified

01/21/1994

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0463062

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

DRABIK, THOMAS  
809 ROBINSON ROAD  
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
~~PO Box~~ 13395 SE 106 AVE.

83

City  
84 OCKLAWAHA

State  
FL

Zip Code  
85 32179

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

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

(NOTE: Registered Agent signature required when heretofore)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME DRABIK, THOMAS  
STREET ADDRESS 13395 S. E. 106 AVE  
CITY-ST-ZIP OCKLAWAHA FL 32179

TITLE PS ☐ DELETE

NAME DRABIK, MARSHA  
STREET ADDRESS 13395 S. E. 106 AVE  
CITY-ST-ZIP OCKLAWAHA FL 32179

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME THOMAS DRABIK  
1.3 STREET ADDRESS 13395 SE 106 AVE.  
1.4 CITY-ST-ZIP OCKLAWAHA, FL 32179

2.1 TITLE V. PRESIDENT ☒ Change ☐ Addition

2.2 NAME MARSHA DRABIK  
2.3 STREET ADDRESS 13395 SE 106 AVE.  
2.4 CITY-ST-ZIP OCKLAWAHA, FL 32179

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #

7/11/96 352-288-3220

CR2E034 (12/95)