## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PR**OF**IT CORPO**R**ATION ANNUAL **R**EPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400021657 (9)

Andrew L. Salvage, P.A.

Principal Place of Business 420 NORTHEAST 3RD STREET FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

420 NORTHEAST 3RD STREET FT. LAUDERDALE FL 33301

## FILED Jul 08 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

614-25-6727

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

65-0472810

5. Certificate of Status Desired

4. FEI Number

22			[27]					Fea Nequired			
City & State				City & State							
Zip		Country	<u> </u>	Zip	Count	try		8. This corporation owes or has paid the current year intangible			
24	25		29	30				Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
	vage, and				\ <b>8</b>	31	Name		į		
420 NORTHEAST 3RD STREET FT. LAUDERDALE FL 33301						32	Street Address (P.O. Box Number is Not Acceptable)				
• • • •	ייטויאַפטיט	LL I L VOUVI			l e	33					
					L.	4					
					8	34	City	FL 85 Zip Code	İ		
office or	regis <b>tere</b> d ac		le of Florid	la. Such change was	authorized l	by t	the corporation	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Singalists hined	or printed name of registered as	ent and till	ennicable /N	IOTE: Registerer	na h	ant signature requi	equired when reinstating) DATE	-		
12.	Organism, typeo	OFFICERS A		<del></del>	13,	- c.W.	signature radu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12		
TITLE	D			DELETE		1.1 TITLE			dition		
NAME	SALVAGE, ANDREW L			_		NAME					
STREET ADDRESS	420 NOR	THEAST 3RD STREE	T		1.3 STR		ADDRESS		Ì		
CITY-ST-ZIP	FT. LAUD	ERDALE FL 33301			1.4 CITY	-ST-Z	ZIP		l		
TITLE				DELETE	ELETE 21 TITLE		1	Change Ac	dition		
NAME					2.2 NAM	E	ĺ				
STREET ADDRESS					2.3 STRE	ETA	DDRESS				
CITY-ST-ZIP	1				2.4 CITY	-ST-Z	ZIP		}		
TITLE				DELETE	3.1 TITLE	<u> </u>		Change Ac	dition		
NAME				_	3.2 NAME	E	ļ	·			
STREET ADDRESS					3.3 STRE	ETA	DDRESS		ļ		
CITY-ST-ZIP					3.4 CITY-	ST-Z	ZIP				
TITLE	_			DELETE	4.1 TITLE	E		Change Ad	ldition		
NAME					4.2 NAME	Ε			ļ		
STREET ADDRESS					4.3 STRE	ETA	DDRESS				
CITY-ST-ZIP					4.4 CITY-	ST-Z	ŽIP				
TITLE				DELETE	5.1 TITLE	Ē		Change Ad	dition		
NAME					5.2 NAM	E			1		
STREET ADDRESS					5.3 STRE	ET A	DDRESS				
CITY-ST-ZIP		···			5.4 CITY-	ST-Z	ZIP				
TITLE				DELETE	6.1 TITLE	Ē		Change Ad	Idition		
NAME					6.2 NAME	E					
STREET ADDRESS					63STRE	ET A	DORESS		ſ		
CITY-ST-ZIP					6 4 CITY-						
indicated o	on this <b>ann</b> ua or director of	t report or supplements	il annual r receiver o	eport is true and accu	irate and tha	at n	ny signature :	ction 119.07(3)(i), Florida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears			