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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400053006

FLORIDA PROFILES,INC.

Principal Place of Business

3. Date Incorporated or Qualified Or/14/1994 Principal Place of Business	RT. 6 BOX 840 SUNSET STRIP	NE-34974		OKEECHOBEE FL 34974		_DO NOT WRITE IN THIS SPACE.	
Principal Place of Business 2a. Mailing Address 5. C502173 Not Applied For Not			US				NO OL AGE.
Principal Place of Business							
Sulte, Apt. #, etc. So. Certificate of Status Desired \$8,75 Additional Fee Required St. 75 Additional Fee Required	2 0	and of Dispireds	2a Mailing Addre	nee .			Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scriffcate of Status Desired \$8.75 Additional Fee Required Fee Required \$5.00 May Be Added to Fees Script Scrip				:55		_	
City & State	31					05-0502175	
City & State City & State City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No		#, etc.	⊢	etc.		5. Certifcate of Status Desired	* · ·
Zip Country Zip Country 8. Trust Fund Contribution Added to Fees Zip Country 8. Trust Fund Contribution Added to Fees Zip Country 8. Trust Fund Contribution Added to Fees Zip Country 8. Trust Fund Contribution Added to Fees Zip Country 8. Trust Fund Contribution Added to Fees Zip Personal Property Tax Yes No Personal Property Tax Yes Yes No Personal Property Tax Yes	2 City & State	2				6 Flection Campaign Financing	\$5.00 May Bo
27p Country 27p Country 28 This corporation owes the current year Intangible Personal Property Tax. Yes No.		=					
9. Name and Address of Current Registered Agent MOSCHIANO, JOSEPH RT L BOX 840 SUNSET STRIP NE OKEECHOBEE FL 34974 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 OSEC 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if epplicable. (NOTE Registered Agent signature required when reinsistating) D OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME D MOSCHIANO, JOSEPH RT. 6 BOX 840 13. STREET ADDRESS SUNSET STRIP NE 34974 14. CITY-ST-ZP DELETE 21. TITLE Change Additional		Country		Co	untry		
9. Name and Address of Current Registered Agent MOSCHIANO, JOSEPH RT L BOX 840 SUNSET STRIP NE OKEECHOBEE FL 34974 83 84 City FL 85 Zip Code 85 Zip Code 86 City FL 86 Signatures with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and time if applicable. D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE D MOSCHIANO, JOSEPH RT. 6 BOX 840 SUNSET STRIP NE 34974 DELETE 1.1 TITLE D MOSCHIANO, JOSEPH RT. 6 BOX 840 SUNSET STRIP NE 34974 DELETE 2.2 NAME 2.3 STREET ADDRESS	-		<u>├</u>			·	
MOSCHIANO, JOSEPH RT L BOX 840 SUNSET STRIP NE OKEECHOBEE FL 34974 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 87 Zip Code 87 City FL 88 Zip Code 88 City FL 88 Zip Code 88 City FL 88 Zip Code 89 City FL 80 Zip Code 89 City FL 80 Zip Code 80 Zip Code 80 Zip Code 81 Amme 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 81 Amme 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code	-7						
RT L BOX 840 SUNSET STRIP NE OKEECHOBEE FL 34974 83 84 City FL 85 Zip Code 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 NAME MOSCHIANO, JOSEPH TITLE MOSCHIANO, JOSEPH TITLE MOSCHIANO, JOSEPH TITLE MOSCHIANO, JOSEPH TITLE DELETE 1.1 TILE Change Additional Addit		V. Hatto and Addition of Cart			81 Name		
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OKEECHOBEE FL 34974 83							
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above agent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above agent to the purpose of changing its 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 agent to am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE		LONIODEE I E O IOI I					
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	office or r	enistered agent or both in the Stat	e of Florida Such chanc	ie was authorizi	ed by the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
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ITILE D GLETE 1.1 TITLE GLANGE Addition MOSCHIANO, JOSEPH 12 NAME STREET ADDRESS SUNSET STRIP NE 34974 14 CITY-ST-ZIP TITLE GRANGE 22 NAME 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 17 CHange GRANGE Addition MOSCHIANO ADDRESS 17 CHANGE GRANGE GRANGE ADDRESS 18 CHANGE GRANGE GRANGE ADDRESS 18 CHANGE GRANGE GRANGE GRANGE ADDRESS 18 CHANGE GRANGE GRA	SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Register	ed Agent signature requi	and when following,	
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13 STREET ADDRESS SUNSET STRIP NE 34974	TITLE	D	☐ DE	LETE 1.1	TITLE	•	Change Addition
14 CITY-ST-ZIP SUNSET STRIP NE 34974	NAME	MOSCHIANO, JOSEPH		1.2	NAME		
TITLE	STREET ADDRESS	RT. 6 BOX 840		1.3	STREET ADDRESS		
TITLE	CITY-ST-ZIP	SUNSET STRIP NE 34974		14	CITY-ST-ZIP		
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STREET ADDRESS 3.3 STREET ADDRESS			•	32	NAME	•	
					1		
¶ 3.4. CITY-ST-ZIP	CITY-ST-ZIP				1		

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, with all other like empowered.

4 1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

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STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

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□ DELETE

109 EPH M. MOSCHIANO 3/12/89

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90053 020 ***150.00

Addition

☐ Addition

Addition

Change

Change

☐ Change