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PROFIT CORPORATION ANNUAL REPORT



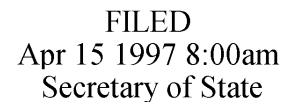
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of Sate

Secretary of sate /

DOCUMENT # P9400062392 (3)

PROFIT INVESTMENT, INC.





28100 U.S. 19		Maihoa Addroon			{	##168 MINA 11888 INTER CENTE	64 8 (184)
Principal Place of Business 28100 U.S. 19 NORTH		28100 U.S. 19 NORTH					
SUITE 502	EL 640M	Suite 502 Clearwater FL 3462	H.2006				
CLEARWATER FL 34621		CLEANWATER PL 5402	1-2000		3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1996		
2. Principal P	lace of Business	2a. Mailing Address		······	4. FEI Number COR NOT AN		olied For
21		26		············	APPLIED FOR 10 600		Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 ^	
22		27 City & Ctoto				Fee Rec	'
City & Stati	С	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
23] Zig	Country	Zip	Cou	ntry	8. This corporation has liability for in		
24	25	29	30	·	Florida Statutes	Yes No	
	g. Name and Address of Curr	17.5 \	1		10. Name and Address of New Reg	gistered Agent	
- CAF	RRION, RAMON P.A.			81 Name			
	00 U.S. 19-NORTH		}	B2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	TE 502			on priest Voc			
	ARWATER FL 34621			83			
				84 City		85 Zip C	Code
•				- - 7			
11. Pursuant office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.1508, Florida St ate of Florida. Such change w	atules, the ab	pove-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its at the appointment as i	registered registered
agent 1 a SIGNATURE	am tamiliar with, and accept the ob	sligations of, Section 607.0505	, Florida Stat	utes.			
SIGNATIONE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered	Agent signature requ	ired when reinstation)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	
HILE	P	☐ DELETE	1.1 101	TLE			
TITLE NAME	P SCHUHMACHER-KONIG, RA	DELETE	1.1 TII 1.2 NA	TLE		ERS AND DIRECTORS	
NAME STREET ADDRESS	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	DELETE	1.1 TH 1.2 NA 1.3 ST	TLE AME PREET ADDRESS		ERS AND DIRECTORS	S IN 12 Addition
NAME STREET ADDRESS CITY-SI-ZIP	P SCHUHMACHER-KONIG, RA	NIER - , SUITE 502	1.1 YII 1.2 NA 1.3 ST 1.4 CC	TLE AME TREET ADDRESS 1Y-ST-ZIP		ERS AND DIRECTORS	Addition
HILE NAME STHEET ADDRESS CITY-SL-ZIP TITLE	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	DELETE	1.1 Till 1.2 NA 1.3 ST 1.4 Ci	TLE AME PREET ADDRESS TY-ST-ZIP TLE		ERS AND DIRECTORS	
HILE NAME STREET ADDRESS CITY-SL-ZIP TITLE NAME	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	NIER - , SUITE 502	1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	FLE AME REET ADDRESS 1Y-ST-ZIP TLE AME		ERS AND DIRECTORS	Addition
HILE NAME STREET ADDRESS OITY-SL-ZIP TITLE NAME STREET ADDRESS	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	NIER - , SUITE 502	1.1 TII 1.2 NA 1.3 ST 1.4 CI 21 TII 22 NA 23 ST	TLE MME HEET ADDRESS 1Y-ST-ZIP TLE MME HEET ADDRESS		ERS AND DIRECTORS	Addition
HILE NAME STHEET ADDRESS CITY-SL-ZIP TITLE NAME	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	NIER - , SUITE 502	1.1 Til 1.2 NA 1.3 ST 1.4 CI 21 TII 22 NA 23 ST 2.4 C	FLE AME REET ADDRESS 1Y-ST-ZIP TLE AME REEY ADDRESS (TY-BY-ZIP)		ERS AND DIRECTORS	Addition
TITLE NAME STHEET ADDRESS OITY-SL-ZIP TITLE NAME STHEET ADDRESS OITY-SL-ZIF	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	DELETE NIER - , SUITE 502 DELETE	1.1 Til 1.2 NA 1.3 ST 1.4 Ci 2.1 Til 2.2 NA 2.3 ST 2.4 Ci	FLE AME REET ADDRESS 1Y-ST-ZIP TLE AME REEY ADDRESS ITY-BY-ZIP TLE		ERS AND DIRECTORS Change Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-SL-ZP TITLE NAME STREET ADDRESS CITY-SL-ZE TITLE NAME	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	DELETE NIER - , SUITE 502 DELETE	1.1 Till 1.2 NA 1.3 ST 1.4 CI 2.1 Till 2.2 NA 2.3 ST 2.4 CC 3.1 Till 3.2 NA 3.3 ST 3.4 CC	TLE MME TREET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS MY-SK-ZIP TLE AME REET ADDRESS MY-SK-ZIP TLE MME REET ADDRESS MY-SK-ZIP TLE MME REET ADDRESS		ERS AND DIRECTORS Change Change	Addition Addition
THE HAME STREET ADDRESS CITY-SL-ZIP THE NAME STREET ADDRESS CITY-SL-ZIP THE NAME STREET ADDRESS CHY-SL-ZIP CHY-SL-ZIP	P SCHUHMACHER-KONIG, RA C/O 28100 U.S. 19 NORTH,	DELETE NIER - , SUITE 502 DELETE	1.1 Till 1.2 NA 1.3 ST 1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 C 3.1 Til 3.2 NA 3.3 ST 3.4 C	TLE MME PREET ADDRESS TY-ST-ZIP TLE MME PREET ADDRESS (TY-6%-ZIP TLE AME PREET ADDRESS ITY-57-ZIP TLE TREET ADDRESS		ERS AND DIRECTORS Change Change	Addition Addition
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14. I do 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 ediporation 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 Lhangesi, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR BIRECTOR

3/14/97

Devlime Phone #