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₽ROFIT بيت CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087407

Principal Place of Business Mailing Address	{{
28400 S DIXIE HWY HOMESTEA FL 33033 US BARRETTS TOOL RENTAL 28400 S DIXIE HWY HOMESTEAD FL 33033 US DO NOT V 3. Date Incorporated or Qual	WRITE IN THIS SPACE
12/01/1994	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0527660	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desire	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Finance 28 Trust Fund Contribution	sing \$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes the	current year Intangible
24 25 29 30 Personal Property Tax.	Yes □No
9. Name and Address of Current Registered Agent 10. Name and Address of No.	ew Registered Agent
81 Name	
BARRETT, JAMES 18151 SW 280 ST 82 Street Address (P.O. Box Number is Not Acc	ceptable)
HOMESTEAD FL 33031	
84 City	FL 85 Zip Code
11. Pursuant to the Gravisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for	the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of figistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE Signature, typed or printed name of figistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE DOFFICERS AND DIRECTORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP