## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PRÓFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P94000088087 (9)

RAMBLEWOOD KEY, INC.

**FILED** Feb 27 1998 8:00am Secretary of State

Mailing Address Principal Place of Business C/O HAGEN & HAGEN, P.A. 3990 SHERIDAN STREET, SUITE 104 8222 WILES ROAD SUITE 209 CORAL SPRINGS FL 33067 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0582527 Not Applicable 21 26 Suite, Apt #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name HAGEN, MAX M 3990 SHERIDAN STREET, #104 Street Address (P.O. Box Number is Not Acceptable) **B2** HOLLYWOOD FL 33021 63 64 City 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 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE Change TITLE RUDICH, HARVEY 1.2 NAME NAME 8222 WILES ROAD #209 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33067** 1.4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE KUSSACK, RUSS 22 NAME NAME 8222 WILES ROAD #209 2 3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33067** 2.4 CITY-ST-ZIP CITY-SI-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 City-St-ZiP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CiTY-ST-ZIP 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 recent 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