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

**PRÒFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90009 011 \*\*\*150.00

## DOCUMENT # P95000032250

G. MCCOMBER ENTERPRISES INC.

Principal Plac	e of Business	Mailing Addre	SS					
371 EBRO ROAD 7371 E			DAD				• .	
englewood i	FL 34224	ENGLEWOOD	FL 34224		•	DO NOT WE	RITE IN THIS SPAC	_
								<u> </u>
						3. Date Incorporated or Qualifed 04/20/1995		
<ol> <li>Principal P</li> </ol>	Place of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
í		26				65-0584902		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	te	City & Sta	te		.2~	6. Election Campaign Financing		.00 May Be
1	<u> </u>	28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip	_	Count	ry	8. This corporation owes the cur	rrent year Intangible	
4	25	29		30		Personal Property Tax.	√ 🗌 Ye	s 🕍 No .
	9. Name and Address of Current				<del></del>	10. Name and Address of New	Registered Agent	
	COMBER, GLENN R			8			4-E1-X	
737	1-EBRO ROAD			8	2 Street Add	dress (P.O. Box Number is Not Accep	table)	
ENG	GLEWOOD FL 34224		٠	8	3			
				8	4 City		FI 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Fk	orida Statute	s, the abo	ve-named con	poration submits this statement for the	e purpose of changi	ng its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such ch	ange was au	thorized b	y the corporat	tion's board of directors. I hereby acce	ept the appointment	as registered
adent La	am tamijiar wan, and accept the obligat	tions of, Sequen ov	WUSUS, FIOR	เดล อเลเนเษ				$\sim$ $\sim$ $\sim$
- ago:// / a	0-1/2 1 11 12	13/0 1					1/	カーゲン
3IGNATURE	Blenw 1011	1 - Charles					DATE /-/	0-77
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable.		Registered Ag		red when reinstating) / (-;;;-)	DATE	<u>0 //                                  </u>
SIGNATURE	Blenw 1011	nt and title if applicable.  D DIRECTORS			ent signature requir	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE	ECTORS IN 12
SIGNATURE  12.  TILE	Signature, typed or printed name of registered agent OFFICERS ANI	nt and title if applicable.  D DIRECTORS	(NOTE:	Registered Ag 13. 1.1 TITLE	ent signature requin	red when reinstating) / (-;;;-)	DATE FICERS AND DIR	ECTORS IN 12
SIGNATURE  12.  TILE  IAME	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R	nt and title if applicable.  D DIRECTORS	(NOTE:	Registered Ag 13. 1.1 TITLE	ent signature requir	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE FICERS AND DIR	ECTORS IN 12
SIGNATURE  12.  TILE  WAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	nt and title if applicable.  D DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME	ent signature requir	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE FICERS AND DIR	ECTORS IN 12
SIGNATURE  12.  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R	nt and title if applicable.	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature requir	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR	ECTORS IN 12 ange Addition
SIGNATURE  12.  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	nt and title if applicable.	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ent signature requir	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE FICERS AND DIR	ECTORS IN 12 ange Addition
SIGNATURE  12.  ITLE  HAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  HAME	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	nt and title if applicable.	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature requir	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR	ECTORS IN 12 ange Addition
ICONATURE  ILE  ITLE  IAME  STREET ADDRESS  ITY-ST-ZIP  ITTLE  ITREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	nt and title if applicable.	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ent signature requir	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR	ECTORS IN 12 ange Addition
SIGNATURE  12.  ITLE  IAME  STREET ADDRESS  SITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  SITY-ST-ZIP  ITREET ADDRESS  SITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	tt and title if applicable.  D DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
ICONATURE  ILLE  ITLE  IAME  STREET ADDRESS  ITY-ST-ZIP  ITLE  ITREET ADDRESS  ITY-ST-ZIP  ITLE	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	tt and title if applicable.  D DIRECTORS	(NOTE:	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS .ST-ZIP	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
ICONATURE  ILLE  ITLE  IAME  STREET ADDRESS  ITY-ST-ZIP  ITLE  ITREET ADDRESS  ITY-ST-ZIP  ITLE	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	tt and title if applicable.  D DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS .ST-ZIP	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
SIGNATURE  12.  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  NAME  STREET ADDRESS  STY-ST-ZIP  ITLE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	tt and title if applicable.  D DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS .ST-ZIP	red when reinstating) (* \( \cdot \); (*) (*)  ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
SIGNATURE  12.  TILE  VAME  STREET ADDRESS  CITY-ST-ZIP  TILE  VAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD	tt and title if applicable.  D DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ent signature requir	ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
ICONATURE  12.  ITLE  IAME  STREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IAME  ITTLE  IT	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	tt and title if applicable.  D DIRECTORS	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
SIGNATURE  12.  ITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
SIGNATURE  12.  ITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VAME  VA	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	tt and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
ICANATURE  12.  ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  MAME	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition
	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAME 4.3 STRE 4. 2 NAME 4.3 STRE	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	DATE FFICERS AND DIR	ECTORS IN 12 ange Addition ange Addition ange Addition
IGNATURE  12.  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITLE  ITLE  IAME  ITLE  IAME  ITLE  ITLE  IAME  ITLE  IAME  ITLE	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY-	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR  Ch	ECTORS IN 12 ange Addition ange Addition ange Addition
SIGNATURE  12.  ITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  MA	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR  Ch	ECTORS IN 12 ange Addition ange Addition ange Addition
SIGNATURE  12.  TILE  MAME  STREET ADDRESS  SITY-ST-ZIP  TILE  MAME  STREET ADDRESS  SITY-ST-ZIP  TILE  MAME  STREET ADDRESS  STY-ST-ZIP  TILE  MAME  STREET ADDRESS  STY-ST-ZIP  TILE  MAME  MAME  STREET ADDRESS  STY-ST-ZIP  TILE  MAME  MAME	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR  Ch	ECTORS IN 12 ange Addition ange Addition ange Addition
SIGNATURE  12.  TILE  MAME  STREET ADDRESS  CITY-ST-ZIP  TILE  MAME  STREET ADDRESS  CITY-ST-ZIP  TILE  MAME  STREET ADDRESS  STY-ST-ZIP  TILE  MAME  TTY-ST-ZIP  TILE  MAME  MAME  MAME  MAME  MAME  MAME  MAME  MAME  MAME	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.3 STRE	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR  Ch	ECTORS IN 12 ange Addition ange Addition ange Addition ange Addition ange Addition
SIGNATURE  12.  TILE  MAME  STREET ADDRESS  SITY-ST-ZIP  TILE  MAME  STREET ADDRESS  SITY-ST-ZIP  TILE  MAME  STREET ADDRESS  SITY-ST-ZIP  TILE  MAME	Signature, typed or printed name of registered agent OFFICERS ANI P MCCOMBER, GLENN R 7371 EBRO ROAD ENGLEWOOD FL 34224	t and title if applicable.  D DIRECTORS	DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ent signature requir  ET ADDRESS ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO O	DATE  FFICERS AND DIR  Ch	ECTORS IN 12 ange Addition ange Addition ange Addition ange Addition ange Addition

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.