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

PRÖFIT CØRPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038473 (1)

ROMANOWSKI, AGNIESZKA

160 MALABAR RD., #116

PALM BAY FL 32909

AGNIESZKA, INC.

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Principal Place of Business Mailing Address 160 SW MALIBAR RD 160 SW MALIBAR RD 88 #116 SS #116 PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3321384 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROMANOWSKI, AGNIESZKA 160 MALABAR RD., #116 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32909 83 City 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 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition ROMANOWSKI, AGNIESZKA NAME 1.2 NAME 160 MALABAR RD., #116 STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32909 CITY-ST-ZIP 1.4 CITY-ST-ZIE DELETE Addition TITEF Channe 2.1 T(TLE

NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS 21 CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE 400002495194hange Addition -04/21/98--01049--014 NAME 6.2 NAME \*\*\*150.00 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

DELETE

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2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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3.4. CITY - ST - ZIP

2.4 CITY-ST-ZIP

14. Thereby 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.

SIGNATURE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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April 13198

**FILED** 

Apr 21 1998 8:00am

Secretary of State

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