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

PRÔFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DCPCUMENT # P95000041434

Carpoint, Inc.

Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

Suite, Apt. #, etc.

13844 LeBat	leau tile
Palm Beach	Gardens, FL 33410
2 Principal Place of Business	2a. Mailino Address

3. Date Incorporated or Qualified

FILED

Apr 28 1997 8:00am

Secretary of State

Yes No

Applied For Not Applicable \$8.75 Additional

City & State

6. Election Campaign Financing Trust Fund Contribution Country 6. This corporation has liability for intengible tax under s. 199.032,

Florida Statutes

5. Certificate of Status Desired

PALM BEACH GARDENS

Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

Terence P. Milarthy 2081 E. Ouan Blud. 2-A · Stuart, Florida 34996

2	20.66	. AL	
83			
84	City		DA

Name

MILES G. CARTER

10. Name and Address of New Registered Agent

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.

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SIGNATURE		CARTER	4-18-97
		Registered Agent signature r	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President DELETE Miles & Carter	1.1 TITLE	Change Addition
NAME	mile 6 Cacter	1.2 NAME	e de la companya de
STREET ADDRESS	19611 Edgesliff Blvd. Cheveland, OH 41119	1.3 STREET ADDRESS	
CITY - ST - ZIP	19611 Edge clift Blvd. Cleveland, OH 44119	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP.	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Challes Adultion
NAME		4.2 NAME	(4), 414
STREET ADDRESS		4.3 STREET ADDRESS	$\sim V(N_{\rm tot})$
CITY-ST-ZIP	•	4.4 City - ST - ZiP	
. TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME .		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY+ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	-04/29/9701046022
NAME	•	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
CITY - ST - 7IP		8.4 CITY - ST-ZIP	

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 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 assemble with an address.

SIGNATURE: