

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045474 (0)

1. Corporation Name

PROFIT BUILDER SYSTEMS OF CENTRAL FLORIDA, INC.



Principal Place of Business

**7071 VILLAS ESTELLE DRIVE
ORLANDO FL 32819**

Mailing Address

**7071 VILLAS ESTELLE DRIVE
ORLANDO FL 32819**

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report

2. Principal Place of Business
21 **7071 Villa Estelle Dr**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7071 Villa Estelle Dr**
Suite, Apt. #, etc.

4. FEI Number
59-3318214

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

28 Zip

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Country

29 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NADLER, CINDY
7071 VILLAS ESTELLE DRIVE
ORLANDO FL 32819**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ELLIOTT, JIM	
STREET ADDRESS	7071 VILLAS ESTELLE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	DELETE
NAME	ELLIOTT, ADEL	
STREET ADDRESS	7071 VILLAS ESTELLE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	DELETE
NAME	ELLIOTT, BRAD	
STREET ADDRESS	1353 E BRIAR CIRCLE	
CITY-ST-ZIP	HIGHLANDS RANCH CO	
TITLE	D	DELETE
NAME	NADLER, CINDY	
STREET ADDRESS	7071 VILLAS ESTELLE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	DELETE
NAME	MORGAN, MIKE	
STREET ADDRESS	17615 NEW LONDON ROAD	
CITY-ST-ZIP	MONUMENT CO 80132	
TITLE	D	DELETE
NAME	AURICH, TRACY E	
STREET ADDRESS	2125 BAINBRIDGE ROAD	
CITY-ST-ZIP	COLORADO SPRINGS CO 80196	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7071 VILLA ESTELLE DR.	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	7071 VILLA ESTELLE DR.	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	HIGHLANDS RANCH CO 80126	
3.4 CITY-ST-ZIP		
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	9151 SABAL PALM CIRCLE	
4.4 CITY-ST-ZIP	WINDERMERE FL. 34786	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	5153 CLARION HAMMOCK DR.	
6.4 CITY-ST-ZIP	ORLANDO FL. 32808	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James E Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407-345-8828
Date Daytime Phone #

CR2E034 (12/95)