SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000070370 (8) DOCUMENT #

PROFAST SYSTEMS, INC.

FILED

Aug 26 1997 8:00am

Secretary of State

| Principal Place | of Business | Mailing Address | | | | | AL DURH DOUG 14XI | I ORIU DORU II | | /011 0111 1001 | |
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| 1252 S. MILITARY TRAIL | | 1252 S. MILITARY TRAIL | | | | | | | | | |
| SUITE 1413 | | SUITE 1413 | | | | | | | | | |
| DEERFIELD B | EAOH FL 33442 | DEERFIELD BEACH FL 33442 | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | ' | | |
| | | 1 | | | | /12/1995 | | 0 | /5/01/1996 | | |
| | ace of Business | 2a. Mailing Address | and | cJ. | | Number | 10 | | — — — — | pplied For | |
| | DN.10. 3321 CH. | 26 2010 DW | 36_ | <u>G.</u> | | 35-06 1539 35-06 1539 | <i>1</i> 0 | | | ot Applicable | |
| Suite, Apt. 4 | #, OC. | Suite, Apt. #, etc. | | | 5. Cert | ificate of Sta | atus Desired | | | Additional equired | |
| City & State | | City & State | | | e Flee | tion Composi | ion Cinensiae | | | | |
| 23 Pom | | 28 Pompano Bch. Fl. | | | | tion Campai t Fund Cont | ign Financing ribution | П | | May Be to Fees | |
| Zip | Country | Zip | Countr | v | | | owes or has | paid the cu | | | |
| | 33064 25 | 29 33004 | 30 | • | l l | • | ty Tax due Jur | • | |] No | |
| | 9. Name and Address of Current | | | | 10. Nan | ne and Add | ress of New F | Registered | Agent | | |
| JE/ | ANEY, SCOTT | | 81 | Name | | | | | | | |
| 125 | 52 S. MILITARY TRAIL, #1413 | | 82 | Street A | Address (P.O. F | lox Number | is Not Accept | able) | | | |
| DE | ERFIELD BEACH FL 33442 | | | 000.7 | 100,000 (1,0,2 | ess (P.O. Box Number is Not Acceptable) | | | | | |
| | | | 63 | 3 | | | | | | | |
| | | | 84 | City | | | | FL | 85 Zip | Code | |
| 44 Durniant t | o the provisions of Sections 607 0503 | and 607 1508. Florida Statut | as the abov | (o-named | corporation sub | omite this etc | tement for the | | | ts registered | |
| 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 | Alox | C. D 4 A | | | stine) | | DATE | | [| |
| 12. | OFFICERS AND | | 13. | geni signature | required when reinsta | | NGES TO OFF | | D DIRECTOR | RS IN 12 | |
| TITLE | P | DILETE | 1.1 TITLE | | לז | | | | Change | Addition | |
| NAME | JEVANEY, SCOTT C | * | 1.2 NAME | - 1 | Jevaney | i. Scot | + C | | <i>-</i> | | |
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| CITY-ST-ZIP | w sould that the let | with this filing does not a self- | 6.4 CITY- | | tatad in Coation | 110 07/21/0 | Florida State | den I furth | or cortifu that | t the | |
| 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 an qualifeport 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 of 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 in hange 1, if the receiver of the corporation of the cor | | | | | | | | | | | |
| appears in | appears in Block 12 or Block 13 in hange 1, ir quan attachment with an address. | | | | | | | | | | |