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

PRÓFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070829

1. Corporation Name

FILED Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90008 043 ***150.00

SIX STA	AR USA, INC.								
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Dringing Dia	on of Dunings				·				
i '	ce of Business	Mailing Address						11010 1017 1027	
1290 NORTH TEMPLE AVENUE 1290 NORTH TEMPLE AVENU STARKE FL 32091 STARKE FL 32091									
0		01AIIIL 1 L 02001				DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed			7
						09/13/1995			{
	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For],
Suite, Apr	4 44	26				59-3334629		t Applicable]
22	i. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		
City & Sta	ate	City & State				a filetie Commission Francis	Fee Re	•	ł
23		28	•			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		ت ــ
Zip	Country	Zip	Cou	intry		This corporation owes the current year In		O FEES	1
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	4	1
0.41	TEL CUREOU D			81	Name				1
	EL, SURESH P			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			ł
	0 NORTH TEMPLE AVENUE RKE FL 32091								ĺ
317	INNE PL 32091			83					
				84	City		85 Zip (Code	ł
44 5	(4)				·	FI	11 '		
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute f Florida. Such change was au	s, the al thorized	bove- I by th	named corpor he corporation	ration submits this statement for the purpose or so board of directors. I hereby accept the appo	f changing its	registered	
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statu	ıtes.	•			g.01010u	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if analisable whome	H. John T.						
12.	OFFICERS AND		13.	Agent :	signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DC IN 42	1/98)
TITLE	PSD	☐ DELETE	1.1 111	ι£		- ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	17.
NAME	PATEL, PARBHU P		1.2 NA	MĘ			,		, 4
STREET ADDRESS			1.3 STI	REETA	ADDRESS				CR2E034
CITY-ST-ZIP	STARKE FL 32091		1.4 CIT	Y-ST-	ZIP				22
TITLE	VTD	☐ DELETE	2.1 TIT	LE			Change	☐ Addition	ပ်
NAME	PATEL, SURESH P		2.2 NA	ME					
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CITY-ST-ZIP	STARKE FL 32091		2.4 CI	TY-ST-	ZIP	<u>:</u>		i	
TITLE .	⁸ D ·	- DELETE	3.1 TIT	LΕ		the second second second second	Change_	Addition	
NAME .	'PATEL, PUSHPA		3.2 NA	ME					
STREET ADDRESS			3.3 STF	REETA	DORESS			5.	_
CITY-ST-ZIP	STARKE FL 32091								1
TITLE		T DC ext		ry-st-	ZIP				
NAME	D	☐ DEŁETE	4.1 TITI	LE	ZIP		☐ Change	Addition	
	D Patel, Jashu	☐ DELETE	4.1 TITI 4. 2 NA	LE ME			☐ Change	Addition	
STREET ADDRESS	D PATEL, JASHU 1290 N TEMPLE AVE	☐ DELETE	4.1 TITI 4. 2 NA 4.3 STF	LE ME REET AL	DDRESS		☐ Change	Addition	
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR