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

PRÖFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083143 (4)

THE NEW HORSE & CROWN INC.

Principal Place of Business Mailing Address 5180 COMMERCIAL WAY 5180 COMMERCIAL WAY SPRING HILL FL 34606-1931 SPRING HILL FL 34606 3. Date Incorporated or Qualified 3a. Date of Last Report 10/26/1995 04/26/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3346104 5230 Commercia way Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιp Country Country 8. This corporation has liability for intangible tax under s. 199.032, HO MA Florida Statutes ∏ Yes ∏ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name Taylor, Mark R 5160 COMMERCIAL WAY 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34606 83 84 City 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 Signature, typed or printed na-OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12, 13. PID DELETE Change TITLE 1,1 TITLE TAYLOR, MARK R NAME 1.2 NAME **5160 COMMERCIAL WAY** STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE TAYLOR, CHRISTINE D 2.2 NAME 5160 COMMERCIAL WAY STREET ADDRESS 2.3 STREET ADDRESS **SPRING HILL FL** CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1 - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address.

Change

Addition

FILED

Jun 05 1997 8:00am

Secretary of State