

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000095524 (1)

1. Corporation Name

PROFIT INNOVATORS, INC.

Principal Place of Business

~~4215 SOUTHPOINT BLVD.~~  
~~SUITE 100~~  
~~JACKSONVILLE FL 32216~~

Mailing Address

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 7652 Hollyridge Circle		26		12/18/1995		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEL Number		Applied For	
22		27		59-3351775		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Jacksonville, FL		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24 32256		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SCHNEIDER, MICHAEL N  
4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

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

(NOTE: Registered Agent signature required when not satisfied)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D /P/T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGHAM, STEPHEN E	1.2 NAME	
STREET ADDRESS	7652 HOLLYRIDGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	D /P/S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUCKETT, GLENN C	2.2 NAME	
STREET ADDRESS	7652 HOLLYRIDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600001786696  
-04/19/96--01013--018  
\*\*\*200.00

SIGNATURE:

Stephen E. Langham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

904

641-6979

Date

Daytime Phone

CR2E034 (12/95)