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PROFITA CORVORATION ANNUAL REPORT

1996



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

DOC	UME	TM	# <b>P95000097493</b>	17

Principal Place	ES CUT OFF ROAD	Mailing Address 10420 GLADES CUT O FORT PIERCE FL 3498				
				3. Date Incorporated or Qualified 3a. 12/20/1995	Date of Last Report	
<b>2.</b> Principa! P <b>21</b>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# etc	26		65-063891	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Dosired	\$8.75 Additional	
City & Stat	e	City & State		6. Election Campaign Financing	Fee Required	
23		[28]		Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip	Country	8. This corporation has liability for intang	ble tax under s. 199.032,	
	9. Name and Address of Cur	rent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Register		
			81 Name	To. Hame and Address of New Registe	ered Agent	
	r, rick r		82 Street Add	lress (P.O. Box Number is Not Acceptable)		
	SLADES CUT OFF ROAD		<u> </u>	ress tr.o. Dox Normach is Net Acceptable;		
FURI PI	IERCE FL 34987		83			
•			84 City		<b>85</b> Zip Code	
11. Pursuant or register	to the provisions of Sections 607.05 red agent, or both, in the State of Flitth, and accept the obligations of Sc	502 and 607.1508, Florida Statut Jorida, Such change was authoriz	es, the above named corporated by the	ration submits this statement for the purpose of	of changing its registered office	
• •	ith, and accept the obligations of, So	ection 607.0505, Florida Statutes	ed by the corporation's tiga i	rd of directors. Thereby accept the appointme	nt as régistered agent. Lans	
SIGNATURE :	, and analy time estinguished of Sc		•			
, SIGNATURE :	Synatrie, typed or printed name of registered ag		Ote: first-treed Agent signature related	alisates recestate gr	ME	
SIGNATURE 12.	Striusties typed or printed name of registered as OFFICERS A	gent and title it application is the	o DE: Firsji-tered Agent signature requisi		ME	
SIGNATURE  12. THE NAME	Stricture, types or printed name of registered as OFFICERS A PSTD MASSEY, RICK R	gert and the magnification (KC AND DIRECTORS DELETE	Ole fligjidered Agent synatur, re pro 13.	alisates recestate gr	AND DIRECTORS IN 12	
SIGNATURE  12. THEE NAME STREET ADDRESS	Strictive, typed or printed rame of registered as OFFICERS A PSTD MASSEY, RICK R 10420 GLADES CUT OFF R	gert and the magnification (KC AND DIRECTORS DELETE	13. 1.1.1.1.LE 2.2.NAME 1.3.STREF LADDRESS	alisates recestate gr	AND DIRECTORS IN 12	
SIGNATURE  12. THE NAME	Stricture, types or printed name of registered as OFFICERS A PSTD MASSEY, RICK R	Operations the mapping control of the AND DIRECTORS  DETERMINED	DIE finginterect Agent signature reignes  13. 1.11 TEF 3.2 NAME 1.3 STREET ADDRESS 1.4 CITY SE ZIP	alisates recestate gr	AND DIRECTORS IN 12	
SIGNATURE  12. THE NAME SHEET ADDRESS CHY-SI-ZIP	Strictive, typed or printed rame of registered as OFFICERS A PSTD MASSEY, RICK R 10420 GLADES CUT OFF R	gert and the magnification (KC AND DIRECTORS DELETE	13.  1.1.1.1 LF  3.2. NAME  1.3. STREET ADDRESS  1.4. CHY-S1-ZIP  2.1.11 LE	alisates recestate gr	AND DIRECTORS IN 12	
SIGNATURE  12. THE NAME SIREET ADDRESS C-1Y-S1-ZIP TREE	Strictive, typed or printed rame of registered as OFFICERS A PSTD MASSEY, RICK R 10420 GLADES CUT OFF R	Operations the mapping control of the AND DIRECTORS  DETERMINED	13.  1.11 TLF  1.2 NAME  1.3 STREET ADDRESS  1.4 CUY-SI-ZIP  2.1 TILE  2.2 NAME	alisates recestate gr	AND DIRECTORS IN 12	
SIGNATURE  12. TULE NAME SIBEET ADDRESS C-TY-ST-ZIP TITLE NAME	Strictive, typed or printed rame of registered as OFFICERS A PSTD MASSEY, RICK R 10420 GLADES CUT OFF R	Operations the mapping control of the AND DIRECTORS  DETERMINED	13.  1.11 TLF  1.2 NAME  1.3 STREET ADDRESS  1.4 CUY-SL-ZIP  2.1 TILE  2.2 NAME  2.3 STREET ADDRESS	alisates recestate gr	AND DIRECTORS IN 12	
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SIGNATURE  12.  THE  NAME  SIREET ADDRESS  CHY-SI-ZIP  THE  NAME  SIREET ADDRESS  CHY-SI-ZIP  HITE  NAME  SIREET ADDRESS  CHY-SI-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	Strictive, typed or printed rame of registered as OFFICERS A PSTD MASSEY, RICK R 10420 GLADES CUT OFF R	gert and the trapplication (b) CAND DIRECTORS  DELETE  ROAD	13.  1.11 ILE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 C-TY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE	alisates recestate gr	AND DIRECTORS IN 12  [] Change [] Addition  [] Change [] Addition	
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certify that the information indicated on this annual report or supplemental nanual report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or supplemental nanual 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR MUSEUM

3-29

107-466-5738