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

PROFUT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009189 (7)

FILED May 13 1998 8:00am Secretary of State

GREAT EASTERN INVESTMENT CORP.		E SERVICAN AND VERICA REPORT RECOVERS AND ARREST ARREST AREAS ARE	NA IBIRI ISBEL BONG IONI SUBI
Principal Place of Business Mailing Address		-	
4484 SW 50TH ST. 4484 SW 50TH ST.			
FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified	JI AOL
		01/26/1996	
2. Principal Place of Business 2a. Mailing Address		4, FEI Number	Applied For
21 900 010 Federal 26 High throw		65-0740390	Not Applicable
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 4-104 4000 / 27			Fee Required
City & State		6, Election Campaign Financing	\$5.00 May Be
Zip Country Zip	Country	Trust Fund Contribution	Added to Fees
24 33 009 · 25 Browave 29 30	1	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	rreni year intangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent	·	10. Name and Address of New Registered	
MOHAMMED, SYED	81 Name		
4484 SW 50TH ST.	82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33314	Offeet Address	35 (F.O. DOX Hambel to Not Acceptable)	
	83		
	84 City		85 Zip Code
		FL	•
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida Such change was authoragent. Lam familiar with, and accept the obligations of Section 607.0505, Florida 	the above-named corpo	ration submits this statement for the purpose out is board of directors. Thereby accept the an	of changing its registered
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida	a Statutes.	me spand or amberore, processy about the ap-	Johnston do registores
SIGNATURE Signature typed or preced harve of this sheed agent and title d applicable (NOTE Rec	gistered Agent signature required	d when reinstating) DATE	
12. OF LICE HS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE DP DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME MOHAMMED, SYED	1.2 NAME		
STREET ADDRESS 4484 SW 50TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL 33314	1.4 CITY - ST - ZIP		
TITLE DV DELETE	2 1 TITLE		Change Addition
NAME RAHMAN, SHAMIMA	2 2 NAME		
STREET ADDRESS 4484 SW 50TH ST.	2 3 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL 33314	2 4 CITY-ST-ZIP		Chance Addition
— ·	3.1 TIFLE		Change Addition
NAME STREET ADDRESS	3.2 NAME		;
CITY-ST-2IP	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		1
TITLE DELETE	4.1 TITLE		Change Addition
NAME			
	4. 2 NAME		
STREET ADDRESS	Í		
	4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 C(1)Y-ST-ZIP 5.1 T/TLE		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE DELETE DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DELETE DELETE DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition

In 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.

SIGNATURE:

Eurol Mahamore

4/12/98 954-456-577