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

Marling Address 3109 S FLORIDA AVE

INVERNESS FL 34450-6875

PROFIL CORPORATION ANNUAL REPORT

1997

Principal Place of Business

INVERNESS FL 34450-6875

3109 S FLORIDA AVE

STREET ADDRESS

SIGNATURE

appears in Block 12 or Block 13 if changed, or an attachment with an address



FLORIDA DEPARTMENT OF STATE

FILED

Mar 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021202 (2)

COUNTRYSIDE TOWING & AUTO SERVICE, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *5*71 – 331775 Not Applicable 26 State: Acit #, c1c Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required Otty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Żφ Country 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VAN BUREN, SCOTT 3109 S FLORIDA AVE 82 Street Address (P.O. Box Number is Not Acceptable) INVERNESS FL 34450-6875 83 City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Egypativo Type a report some menting is treed agreet and the Mappincable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Change Addition □ DELETE 100111 TITLE VAN BUREN, SCOTT NAME 1.2 NAME **CR2E034** 9356 E, FLORAL ACRES CT. 9398 S BRITTANY PATH 1.3 STREET ADDRESS STREET ADDRESS INVERNESS FL 33450 -14 CITY - ST-ZIP FLORAL CITY, FL. 34436 00 Y St 2d Change DELETE DST THILE 2.1 TITLE ELMER LEWIS NAME 2.2 NAME 10135 S. GUANS PT. SHEET ALCIAESS 2.3 STREET ADDRESS CUY-SI-ZE DUVERNESS, FL. 34452 2. 4 CITY - S1 - ZIP DELETE Addit:on Change THE 3.1 THILE NAM 3.2 NAME 3.3 STREET ADDRESS SHEET ADDRESS 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 1016 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP C-19-51-20 DELETE Change Addition 7/116 5.1 TITLE NAME 5.2 NAME STREET ADDRESS. 5.3 STREET ADDRESS 5.4 CITY - ST-ZIF 00Y-St 7P THE DELETE 6.1 TITLE Change Addition NAM? 6 2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP 14. If do hereby cert by that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 object 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

COTT VAN BUREN - 03.21.97 352.726.2503