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

PRÓFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000038734**1. Corporation Name

MICHAEL TILLMAN, P.A.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90027 038 ***150.00



Principal Place	e of Business	Maining Address						
5346 S.W. 91ST TERRACE GAINESVILLE FL 32608		5346 S.W. 91ST TERRACE Gainesville FL 32608						
					DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed			
	•				04/23/1996		ļ	
5 Daineinal Di	land of Business	2a. Mailing Address			4. FEI Number	Api	olied For	
Z. Principal Pi	ace of Business	<u> </u>			59-3375145		t Applicable	
21		26			33 3073 143	\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re		
22		27					·	
City & State	e	City & State			6. Election Campaign Financing	\$5.00		
23	•	28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	Intangible	_	
24	25	29	30		Personal Property Tax.		□No	
24	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
		17,040	8	1 Name				
THE	MAN, MICHAEL							
5346 S.W. 91ST TERRACE			82 Street Add		tress (P.O. Box Number is Not Acceptable)			
•					A STATE OF THE STA			
GAIN	iesville fl 32608		8	13	and the state of the control of		10 m 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			-	14 City		85 Zip (ode	
		**	-		F		}	
44 5	As the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the abo	ve-named corr	poration submits this statement for the purpose	of changing its	registered	
office or ragent. La	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Flor	uthorized b ida Statute	by the corporations.	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications are supported in the purpose in th	oointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Ag	gent signature require	ed when reinstating) , DATE			
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	E		Change	☐ Addition	
	MICHAEL TILLMAN	_	1.2 NAM		Contract to the second second			
NAME				_			1	
STREET ADDRESS	5346 S.W. 91 ST TERRACE			EET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL			-ST-ZIP				
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CiTY-ST-ZIP 14. I 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, with all other like empowered.