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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 10 1998 8:00am Secretary of State

	MENT # P96000 D PROFILES, INC.	0048829 (1)			
Principal Plac	ce of Business	Mailing Address		<u> </u>	41 08411 80144 01601 46101 F0140 11010 1014 4001
810 S. STATE PLANTATION US	E ROAD 7	810 S STATE RD 7 PLANTATION FL 33317 US		3. Date Incorporated or Qualifi	RITE IN THIS SPACE
2 Principal P	Place of Business	2a. Mailing Address		<b>06/07/1996 4.</b> FEI Number	
		26 810 5, 570	ATE DAT	65-0686517	Applied For
Suite, Apt.	5.5/ATE PD 7	Suite, Apt. #, etc.	712 40		Not Applicable
	ITE B	27 SUITE 7	3	5. Certificate of Status Desired	Fee Required
City & Stat	NTATION, FL	Cily & State  28 ILAN TATIO	un FL.	Election Campaign Financin     Trust Fund Contribution	g \$5.00 May Be
Zip 24 3333	I Country	I Zio I	Country 30 BROWAED	8. This corporation owes or hat Personal Property Tax due J	s paid the current year Intangible
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	
PO	PLACK, ARIEL ESQ.		81 Name		
4700-B SHERIDAN ST.			82 Street Add	drass (P.O. Box Number is Not Acce	ptable)
HOLLYWOOD FL 33021				Irass (BO. Box Number is Not Acce	D 7
			83		1
			84 City	ANTATION	FL 85 Zip Code 3333.7
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuto	s the shove-named cor	poration submits this statement for the	20 burbago of changing to registered
1 Office or r	registered agent, or both, in the State of the familiar with, and accept the obligat	it Florida. Such change was a	uthorized by the comora	ation's board of directors. I hereby ac	cept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Aggistered Agent signature requ	ured when reinstaling)	DATE
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TILLE		Change Addition
NAME	MILTON, ROZENSKY		1.2 NAME		
STREET ADDRESS	810 S. STATE RD 7		1.3 STREEF ADDRESS 😽	10 5.57ATE RD.	7, SUILE B
CITY-ST-ZIP	PLANTATION FL	- Decirat	1.4 CITY-ST-ZIP		
TITLE		☐ DELE1E	2 1 7171.6		Change Addition
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STHEET ADDRESS		
TITLE		DEVETE	2 4 CITY-ST-ZIP 31 THLE		Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	5 1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Diritte	5.4 CHTY-ST-ZIP		
TITLE		☐ DECETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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.