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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90045 027 ***150.00

DOCUMENT #	P96000048829
Corporation Name	1 000000 10020

UNITED	PROFILE	S, INC.									
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US			03				06/07/1996	*			
2. Principal Pl	ace of Busin		2a. Mailing Address				4. FEI Number			pplied For	
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22	,		27				Certificate of Sta	tus Desired Li	Fee R	tequired	
City & State	e ·		City & State				6. Election Campa	ign Financing	\$5.00	May Be	
23			28			ļ	Trust Fund Cont	ribution	Added	to Fees	
Zip		Country	Žip	Cour	try		8. This corporation	owes the current year	ar Intangible		
24		25	29	30				ty Tax.		□No	
	9. Name	and Address of Curre	ent Registered Agent				10. Name and Add	ress of New Registe	red Agent		
				ļ	31 Name			i ;			
	LACK, ARI			-	32 Street	Addres	s (P.O. Box Number	is Not Acceptable)			
	S STATE F			L							
PLAN	NTATION F	L 33317		1	33			,			
				ŀ	34 City			1.	85 Zip	Code	
		<i>></i>			1				FL -		
11. Pursuant	to the provis	sions of Sections 607.05	502 and 607.1508, Florida Statute e of Florida. Such change was au	s, the ab	ove-named	corpora oration	ation submits this sta	itement for the purpos I hereby accept the a	se of changing it ippointment as r	s registered egistered	
onice of te	egistereu ag m familiar w	ith and pasent the oblig	pations of, Section 607.0505, Flor	ida Statu	or				• •	•	
agent. i ai		itii, and accept the oblig	audits of, Section Cor. 0000, i for	iou ouiu	.co.					i	
SIGNATURE		*				•					
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SIGNATURE	Signature, typed	d or printed name of registered ag	gent and title if applicable. (NOTE:	Registered /	gent signature r	required w		NGES TO OFFICER			(00,11
SIGNATURE 12. TITLE	Signature, typed	d or printed name of registered ag OFFICERS A	gent and title if applicable. {NOTE:	Registered /	gent signature r	required w			S AND DIRECT		(00,77)
SIGNATURE 12. TITLE NAME	Signature, typed PD MILTON,	OFFICERS A	gent and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI	gent signature o	required w			S AND DIRECT		(00) 4 (7 (00))
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD MILTON, 810 S ST	OFFICERS A OFFICERS A ROZENSKY IATE RD 7, STE B	gent and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI 1.3 STE	gent signature r E IE EET ADDRESS	required w			S AND DIRECT		(44,000
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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 suppliemental annual proof 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 trastee 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: