


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90039 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000067111**

1. Corporation Name  
**PROFEL, INC.**

Principal Place of Business <b>6242 6TH AVENUE SOUTH                  ST. PETERSBURG FL 33707</b>	Mailing Address <b>6242 6TH AVENUE SOUTH                  ST. PETERSBURG-FL 33707</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 407 CENTRAL AVE</b>	2a. Mailing Address <b>26 P.O. BOX 2725</b>
Suite, Apt. #, etc. <b>22 204</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 ST. PETERSBURG, FL</b>	City & State <b>28 ST. PETERSBURG, FL</b>
Zip Country <b>24 33701 25 USA</b>	Zip Country <b>29 33701 30 USA</b>

3. Date Incorporated or Qualified <b>08/09/1996</b>	
4. FEI Number <b>59-3375375</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOCHOW, ALEX  
 6242 6TH AVENUE SOUTH  
 ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name <b>LOCHOW, ALEXANDER</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <del>P.O. BOX 2725</del>	
83 <b>407 CENTRAL AVE # 204</b>	
84 City <b>ST. PETERSBURG FL</b>	85 Zip Code <b>33701</b>

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Alexander Lochow **ALEXANDER LOCHOW** 04/24/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BOUMAGUINE, IGOR V</b>	
STREET ADDRESS	<b>6242 6TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>LOCHOW, ALEX</b>	
STREET ADDRESS	<b>6242 6TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BOUMAGUINE, IGOR V</b>	
1.3 STREET ADDRESS	<b>P.O. BOX 2725</b>	
1.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LOCHOW, ALEXANDER</b>	
2.3 STREET ADDRESS	<b>P.O. BOX 2725</b>	
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: Alexander Lochow **ALEXANDER LOCHOW** 04/24/99 (727) 415-0606  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)