

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90081 027 ***150.00

DOCUMENT # **P96000077366**
1. Corporation Name
Professional Prophy Inc

Principal Place of Business Mailing Address

530 Drew Ave
Clermont, Fla 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 530 Drew Ave		26 Same		9-97		59-3401324		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$3.75 Additional Fee Required	
23 City & State Clermont		28 City & State Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 34711		25 Country LAKE		29 Zip 34711		30 Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Edward Jordan PPA**
82 Street Address (P.O. Box Number is Not Acceptable)
13543 St 80
83
84 City **Clermont** FL 85 Zip Code **34711**

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 **Beth A. Lutz President** DATE **3-30-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Beth A Lutz <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	1.2 NAME	Beth A Lutz
STREET ADDRESS	530 Drew Ave	1.3 STREET ADDRESS	530 Drew Ave
CITY-ST-ZIP	Clermont, Fla 34711	1.4 CITY-ST-ZIP	Clermont, Fla 34711
TITLE	W.S. O'Toole Sr. <input type="checkbox"/> DELETE	2.1 TITLE	Vice president <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W.S. O'Toole Sr.	2.2 NAME	W.S. O'Toole Sr.
STREET ADDRESS	2350 Ridge Ave.	2.3 STREET ADDRESS	2350 Ridge Ave
CITY-ST-ZIP	Clermont, Fla 34711	2.4 CITY-ST-ZIP	Clermont, Fla 34711
TITLE	Elizabeth O'Toole <input type="checkbox"/> DELETE	3.1 TITLE	Treasure <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth O'Toole	3.2 NAME	E.A. O'Toole
STREET ADDRESS	2350 Ridge Ave Theas.	3.3 STREET ADDRESS	2350 Ridge Ave
CITY-ST-ZIP	Clermont, Fla 34711	3.4 CITY-ST-ZIP	Clermont, Fla
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Beth A. Lutz President** DATE **3-30-99** (242-00511)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)