05131999-90028-013-\$150.00-\$150.00

PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000080875 JOK

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90028 013 ***150.00

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Kleptune	e Distributons, Fa	c.		572296 - 90011 - 50			
Principal Place of Business	Mailing Address						
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1956 su Biltonore Ad				DO NOT WRITE IN THE	CDACE		
1					DO NOT WRITE IN THIS SPACE		
PSL, F1 34984				3. Date Incorporated or Qualified	2 & Sept 1996		
2. Principal Place of Business	3s Mailing Addrona			4. FEI Number	T A	pplied For	
21 1956 SW B		rl		65-0270785		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				To all a Control Desired	\$8.75	Additional	
22	27			5. Certificate of Status Desired	Fee R	equired	
City & State	2 V A AV City & State			6. Election Campaign Financing	•	May Be	
23 156 1	5 [707 28			Trust Fund Contribution		to Fees	
Zip	Country		ъу	- 8. This corporation owes the current year Inte	angible Yes	□No	
24 25	29	30		Personal Property Tax. 10. Name and Address of New Registered			
y. Name and	d Address of Current Registered Agent		81 Name	To. Hallie alle Address of How Hogarions	190111		
DA	alet .						
W ~ los	Port St. Luie Bkd		82 Street	Address (P.O. Box Number is Not Acceptable)		1	
lochara	Scroon waring	•	B3				
1958 SF	Donat St. Livile 15kg				11 7:-		
nc) E	1 24952		84 City	FL	85 Zip	Code	
11. Pursuant to the provisions	of Sections 607,0502 and 607,1508, Florida S	itatules, the ab	ove-named	corporation submits this statement for the purpose of	changing its	registered	
office or registered agent, agent. I am familiar with/	or both, in the State of Florida. Such change w	ras authorized 5. Florida Statu	by the corpo tes.	oration's board of directors. I hereby accept the appoin	itment as re	gistered	
SIGNATURE KUCK	are thou	, , , , , , , , , , , , , , , , , , , ,					
SIGNATURE Signature: Typed or pr	ranted name of registered agent and title if applicable. (I	(NOTE: Registered	gent signature re	squired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12 Addition	
TITLE DAN	SUL 1.4057 DELETI		1		☐ Change		
NAME CO	SW Biltman Rd	1 2 NA				ĺ	
STREET ADDRESS 7934	A 34984		REET ADDRESS			}	
CITY-ST-ZIP // } L	777 39707		Y-ST-ZIP		Change	Addition	
TITLE	C) DECEN	2.1 H					
NAME							
STREET ADDRESS			REET ADDRESS			ļ	
CITY-ST-ZIP	☐ DELETI		Y-ST-ZIP		Change	Addition	
1	- Decem	3.2 NAJ				-	
NAME STREET ADDRESS		H	RÉÉT ADDRESS				
CITY-ST-ZIP		1	Y-ST-ZIP			ì	
TITLE	☐ DELETI			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME		4.2 NA	ME			İ	
STREET ADDRESS		4.3 STF	REET ADDRESS				
CITY-ST-ZIP			Y-ST-ZIP				
TITLE	☐ DELETE	E 511m	.E		Change	Addition	
NAME		5.2 NAJ	Æ				
STREET ADDRESS			REET ADDRESS				
CITY-ST-ZIP			Y-ST-ZIP				
TITLE	☐ DELETE				Change	Addition	
NAME		6.2 NAA				1	
STREET ADDRESS		4	EET ADDRESS				
CITY-ST-ZIP		6.4 CIT	Y-ST-ZIP				

14. 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 cath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR