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

PROFI1 CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 13 1998 8:00am Secretary of State

	MENT # P9700 BROTHERS LEASING, INC.	0000062 (4)	DRPORATIO	ONS		lêni bana bana b	(1/8 (18) 188)
Principal Place of Business Mailing Address					{	JOHN BEHN BENN B	()
3400 FORSYTH STE 5 POST OFFICE BOX			42				
WINTER PARK		WINTER PARK FL 32793			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified	, o oi not	
					12/26/1996		
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For
1		26			59-3399917		ot Applicable
Suite, Apt.	#, e 1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional leguired
City & Stat	0	City & State			6, Election Campaign Financing		May Be
:3		28			Trust Fund Contribution		to Fees
Žip	Country	Zip	Country	· -	8. This corporation owes or has paid the	current year in	tangible
4	[25]		0		Personal Property Tax due June 30.		⊒ No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
	HN, WILLIAM JR						
3400 FORSYTH STE 5			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
AAIL	NTER PARK FL 32792		83				
			84	City	F	L 85 Zip	Code
SIGNATURE	m familiar with, and accept the oblig Stouture, typed or purely name of registered as		Registered Age		ued when renerating) DATE		DO IN 10
12.	PD	DELFTE	13. 1.1 THILE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	YAHN, WILLIAM JR.		1.2 NAME				
STREET ADORESS	805 NORTHLAKE AVE.		13 SIREET	ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CiTY-SI	T - 21P			
TITLE	VD	□ DELETE	2.1 11116			Change	Addition
IAME	YAHN, DAVID		2.2 NAME]			
STREET ADORESS	6959 POMPEI		2.3 STREET	- 1			
HTY-ST-ZIP	ORLANDO FL 32822	DELETE	2. 4 CITY - S 3.1 TITLE	1 · ZIP		Change	Addition
TITLE NAME	STD Yahn, William Sr.	E prece	3.1 ITER 3.2 NAML	ĺ		L. Charige	La Addition
STREET ADDRESS	6959 POMPEI		3.2 NAME 3.3 STREET	Andress			
CITY-ST-ZIP	ORLANDO FL 32822		3.4 CITY-S				
TITLE		DITETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STHEET.	ADDRESS			
CITY-ST-ZIP			4.4 CHY- ST	1- ZIP			
MLE		☐ DELE1E	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				'
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-S1	1 - ZIF		Change	Addition
NAME		™ Mittir	6.1 TITUF 6.2 NAME	}		L Gliange	Emil Fridailia)
STREET ADDRESS			6.3 STREET	ADDRESS			i
CITY-ST-ZIP			6.4 CITY- ST	ì			
M I horoby c	and the transfer of the state o	ath this flux shop not a selfu for			Section 119 07(3Vi) Florida Statulas I further	navification that	information

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. 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 each that I am an officer or director of the corporation or the receiver or trustee enjowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging, or on an appear with an address.

407-679-1556