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

PROFIL CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

Corporation Name

Aug 27, 1999 8:00 am Secretary of State

08-27-1999 90005 006 ***550.00

Soccer Team, Inc.			* 6 610154 - 9	5 4 2005 - 6	*
	14-15-11-1	`			
ncipal Place of Business	Mailing Address	level ora Arranuo			
1334 Parkview Avenue 1334 Parkview					
Suite 210 Suite 210			DO NOT WRITE IN TH	IIS SPACE	
Manhattan Beach, CA Manhattan Bea		•	3. Date Incorporated or Qualifed		
90266		90266	February 17, 1997		
Principal Place of Business	2a. Mailing Addres	·c	4. FEI Number	Δn	plied For
			50 0101000		t Applicable
Suite Apr # ste	26 Suite. Apt. #, e		3,3,000	\$8.75	
Suite. Apt. #, etc.		au.	5. Certificate of Status Desired	Fee Re	
Úny & State	City & State	 	C. Claudia Compiler Flancing		
City of State	<u></u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	-
7:-	28	Country			U rees
Zip Country	Zip	· ·	8. This corporation owes the current year	_	□No
25	29	30	Personal Property Tax.	☐ Yes	
9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Register	u Agent	
Tammy deSoto Cicchetti,	Esquire `	81 Name			ł
2477 Tim Gamble Place	• .	82 Street A	ddress (P.O. Box Number is Not Acceptable)	_	
Tallahassee, Florida 323	08	<u> '</u>			
Tallanassee, Plottua 525	00 .	83			i
		941 (3)		. 85 Zip C	`ode
_	. 1	84 City	F	L 85 Zib C	,oue
Pursuant to the grovisions of Sections 607.050	02 and 607,1508. Florida	Statutes, the above-named or	orporation submits this statement for the purpose	of changing its	registerea
office or registered agent, or both, in the State	of Florida, Such change	was authorized by the corpor	ation's board of directors. I hereby accept the applications	pointment as req	gistered
agent, I am familiar with, and accept the obliga	tions of Rection 607.05	05, Florida Statutes.	shatti Paa		
- Mail 1995	Y /	Tammy deSoto Cic			
Signature, typed or printed name of registered age		(NOTE: Registered Agent signature red	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
	NĎ DIRECTORS ☐ DEL		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
= CT	DEL	1 1		(onange	
🗉 🍴 Elmore, David 🧸.		1.2 NAME			
בבן אטטאנכגן 1334 Parkview Aven	ue, Suite 210	1.3 STREET ADDRESS			
-sr-zm - Manhattan Beach, C	A_90266	1.4 CITY-ST-ZIP			
= DPS	☐ DEL	ETE 2.1 TILE		Change 🗀	Acaition 🗌
Tuttle, Donna F.		2.2 NAME			
1334 Parkview Aven	ue. Suite 210	2.3 STREET ADDRESS			
		2.4 City-ST-ZIP	يد بنج بد يرييسيب		
Manhattan Beach. C				Change	Addition
ATCE l'iepidenc or	Finance A	. 1			_
- McCord, Millard		3.2 NAME			
🖭 ADDREŚSI 133 N. Monroe Stre		3.3 STREET ADDRESS			
Tallahassee, Flori	da 32301	3.4 CITY-ST-ZIP			
Vice President & G	en.∵Mgr∴,⊡XDEL	ETE ±1 mr.£		Change	Addition
∈ Sloboda, Joe		4.2 NAME			
133 N. Monroe Stre		4.3 STREET ADDRESS			
STOR Tallahassee, Flori	da 32301	## CITY-ST-ZIP			
= 1	☐ OEL			Changa	Addition
- 		52 NAME	·.		
* *****		5.3 STREET ADDRESS	•		
		5.4 CiTY-ST-ZIP			
Y-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	Change	Adoition
-	☐ DEL	J		Citalige	National
		6.2 NAME			
LUT ADDRESS		6.3 STREET AODRESS			

I hereby certify that the information supplied with this filling 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 or panged, or on an attachment with an address, with all other like empowered.

Elmore, CT