Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90043 031 ***150.00

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g: PRÔFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029658

	n Name							
ods en	TERPRISES, INC.				•			
							Elle Calle Halâ lâle Gi	HE ENEN HEN HEN
Principal Place	e of Business	Mailing Addr	ess					
1634 MAIN ST P.O. BOX 3319					·			
SARASOTA FL 34236 SARASOTA FL 34230						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	•	
						03/31/1997		-
2. Principal Pl	lace of Business	2a. Mailing A	Address			4. FEI Number		Applied For
21	•	26				65-07457 <u>9</u> 7		Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	vt. #, etc.		-	5. Certificate of Status Desired		5 Additional
22	دور تو در مودور میدادیدی بر برخواندی	27.	•= <u></u>	<u> </u>		J. Control of Clarks Bosins	Fee	Required
City & State	e	City & St	ate			6. Election Campaign Financing	1	May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country	,	8. This corporation owes the current	year Intangible	□No
24	25 25 On Name and Address of Current	29	30	<u>'I</u>		Personal Property Tax. 10. Name and Address of New Regi		
	9. Name and Address of Currer	nt Registered Age	<u> </u>	81	Name	10. Name and Address of Now Nogi		
MAR	ICUS, CONNIE M							
1634 MAIN ST				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34236			}		 			
				84	City		FL 85 Zi	p Code
11 Pursuant	to the provisions of Sections 607 050	02 and 607,1508. I	Florida Statutes	the above		orporation submits this statement for the pur		its registered
TI. Turbuurk	to the professions of cookiests consists				u-nameu o			
office or r	egistered agent, or both, in the State	of Florida. Such o	hange was auth	orized by	the corpor	orporation submits this statement for the pur ation's board of directors. I hereby accept th	e appointment as	registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 6	hange was auth 607.0505, Florida	orized by Statutes	the corpor	ation's board of directors. I hereby accept th	e appointment as	registered
office or re agent. I a SIGNATURE	im familiar with, and accept the obliga	ations or, Section 6	ou7.0005, Florida	a Statutes	, .	uired when reinstating)	/4/99 DATE	
agent. I a	Signature, typed or printed name of registered age	ent and title if applicable. ND DIRECTORS	(NOTE: Re	a Statutes	, .	Y,	LA / 99 DATE ERS AND DIRECT	TORS IN 12
agent. I a	Signature, typed or printed name of registeredage OFFICERS AN	ent and title if applicable. ND DIRECTORS	ou7.0005, Florida	gistered Ager	, .	uired when reinstating)	/4/99 DATE	TORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS