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

PROFIL CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055851 (4)

TALANTON, INC. Principal Place of Business Mailing Address 55 NE 212TH ST 55 NE 212TH ST MIAMI FL 33179 MIAMI FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHUCK MOGBO, P.A. 2331 N STATE ROAD 7 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 124 83 LAUDERHILL FL 33313 Zip Code 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 (NOTE: Bog stored Agent signature required when reinstating) Signature, typed or printed name of rogs tened agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE ☐ Change Addition RIDER, CYNTHIA NAME 12 NAME 55 NE 212TH ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33179** CITY-ST-ZIP 1.4 CITY - ST - ZIP [] [HLCTE TITLE 21 11118 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DLLETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CHTY-ST-ZIP DELETE TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY S1-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY+ST-ZIP 🔲 DLUËTË TITLE 6.1 TITLE Charige Addition NAME

14. Thereby 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 supplicmental 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

6.2 NAME

63 STREET ADDRESS

64 CNY-SI-7IP

STREET ADDRESS

CHTY-ST-ZIP

FILED

Apr 14 1998 8:00am

Secretary of State