05101999-90252-003-\$150.00-\$150.00

PROFIL CORPORATION ANNUAL REPORT

. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P97000059969V DOCUMENT # 1. Corporation Name

DRA KED RAKON HOUNE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90252 003 ***150.00

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Mailing Address Principal Place of Business 8957 PENSICOLA BLUD. 8-961 PENIACUARUA PENSACOLA, FL سر برم بعام المام تدعم DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3456575 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5:00 May Bo ---City & State __ 6-Election Campaign Financing City & State_ Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible □No 25 30 Personal Property Tax. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent obert & Little 8957 PENSACOLA BIND PENSACOLA FIA 32534 Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code 84 City 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change 1.1 TITLE TITLE ROBERT LITTLE BLUD 12 NAME NAME 1.3 STREET ADDRESS PEMACOLA FL32134 STREET ADORESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2 1 TITLE TITLE TACK LITTLE 22 NAME NAME 8757 PENSACCO, BUR 2.3 STREET ADDRESS STREET ADDRESS PENUMOUR PER 321-34 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 34-TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRES 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition DELETE A 1 TO F TITLE 4. 2 NAME NAME A 3 STREET ADORESS STREET ADDRESS 4 4 CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 517THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I heraby 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.

OFFICER OR DIRECTOR