Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90054 041 ***150.00

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PRÓFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089244

1. Corporation Name

CONCEPT ADVANCED MANUFACTURING, INC.

Principal Place	e of Business	Mailing Address				1 108/108/ 114 (811) (801) 801/ 801/			.,.,, .,.,,	
1431 CHAFFEE	DRIVE	1431 CHAFFEE DRIVE								
SUITE 1		SUITE 1			DO NOT WRITE IN THIS SPACE					
TITUSVILLE FL 32780 TITUSVILLE FL 32780						3. Date Incorporated or Qualifed				!
						10/16/1997				
		O Malling Addus on				4. FEI Number		Δο	plied For	
	lace of Business	2a. Mailing Address							t Applicable	
21		26				59-3473934		\$8.75		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Re		
22		City & State				A El viv O marine Financia			<u> </u>	
City & State		City & State				6. Election Campaign Financing		\$5.00 Added 1	,	
23	Country	Zip	Cou	ıntry		Trust Fund Contribution	nt ve ar Int			-
Zip Country		├─ , '				This corporation owes the curre Personal Property Tax.	nt year int	angible	□No	ļ
24	25	29	30	1		10. Name and Address of New Re	acistered	**		
	9. Name and Address of Currer	it Registered Agent		81	Name	10. Haille Blid Address of New N	gistores	- gont		
THO	MPSON, JAMES E			"	110,7,0					
	CHAFFEE DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)			
SUIT				02						
	SVILLE FL 32780			83						
1110	34ILLE 1 L 32/00			84	City			85 Zip (Code	
							<u>FL</u>	<u>. </u>		
office or re	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was a	authorized	d by 1	the corporati	poration submits this statement for the pion's board of directors. I hereby accept	the appoi	ntment as re	gistered	
_										
SIGNATURE	Slaneture lyred or printed name of registered 209	ent and title if applicable (NOT)				red when reinstating)	DATE			=
	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOT				red when reinstating) ADDITIONS/CHANGES TO OFF		ID DIRECTO	PRS IN 12	í
SIGNATURE 12. TITLE	OFFICERS AN		E: Registered	d Agenl				ID DIRECTO	PRS IN 12	(44 (50)
12.	OFFICERS AN	ND DIRECTORS	E: Registered	d Agenl						04 (44 (00)
12. TITLE NAME	OFFICERS AND THOMPSON, JAMES E	ND DIRECTORS	E: Registered 13. 11 TI	d Agent	it sign a ture requiri					1004 (44 (00)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFIC	ND DIRECTORS	13. 11 TI 1 2 NA 1.3 ST	I Agent ITLE AME TREET ITY-ST	at signature require					CD2E024 (44/00)
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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.