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

PROFIL CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P97000096504 (0)

ACHIEVE IT, INC.

Principal Place of Business

Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



2517 DOE COURT 2517 DOE COURT **CLEARWATER FL 33761 CLEARWATER FL 33761** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1997 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For SAME Not Applicable Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 81 Name HEIN, DIANE 2517 DOE COURT 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33761** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, Addition DELETE 1.1 TITLE Change TITLE HEIN, DIANE NAME 12 NAME 2517 DOE COURT STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 33761** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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 attacking the maddress

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