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

P**R**OFIT COR**PO**RATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

a ILED

98 JUN -5 PM 3: 34

	MENT # P9700 IN NAME IN ENTERPRISES, INC.	0096624 (6))	SECRETARY OF S	TATE ORIDA
Principal Plac	ce of Business	Mailing Address			O OBRUG ORRAN O ORRAN ORBAN ORBAN ANDI
2110 BAYVIEW DRIVE		2110 BAYVIEW DRIVE			
	RDALE FL 33305	FORT LAUDERDALE FL	33305		
				DO NOT WRITE IN T	HIS SPACE
				 Date Incorporated or Qualified 11/10/1997 	
2. Principal f	Place of Business	2a. Mailing Address		4. 5€1 Number	Applied For
21		26		(5-6797994	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	<u></u> Zip ⊤"r	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
	FFEL, LARRY		O. Italio		
2110 8 AYVIEW DRIVE FORT L AUDERDALE FL 33305			82 Street Add	Idress (P.O. Box Number is Not Acceptable)	
FC	AT EXODERDALE TE 33303		83		
			84 City		FL 85 Zip Code
11 Pureuant	to the provisions of Sections 607.05	02 and 607 1608 Floods State	ulos the above named cor	poration submits this statement for the purporation's board of directors. I hereby accept the	
SIGNATURE	Signature sylled or printed name of registered ag OFFICERS AN	pent and title if applicable (NC ND DIRECTORS	TE flegistered Agent signature requests.	ulred when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D ARTERIA LABOV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEFFEL, LARRY		1.2 NAME		
STREET ADDRESS	2110 BAYVIEW DRIVE FORT LAUDERDALE FL 3330	ns	1.3 STREET ADDRESS		
CITY-ST-ZIP	D DON'T ENODERDALE PL 3330	DELETE	1.4 CITY - ST - ZIP	Facanare	
TITLE	LE FFEL, LINDA	L DLEETC	2.1 TITLE 2.2 NAME	50000255 -06/09/98-	-01055-018
STREET ADDRESS	2110 BAYVIEW DRIVE		2.3 STHEET ADDRESS	****150.0	0 *****150.00
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	05	2 4 CATY-ST-ZIP		_
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST ZIP			4.4 CITY - ST - ZIP		
THLE #			5 1 TITLE		
NAME 💃	i	☐ DELETE	1 1		Change Addition
•		□ DETE4E	5.2 NAME		Change Addition
STREET ADDRESS		L_I DELETE	5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TILLE		
CITY-ST-ZIP TITLE NAME			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		
CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TILLE		

4. 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 attaching it sith an address.

SIGNATURE

LAPOVX LASCO

4/2 0/98/ (954) 564-155

R2E034 (10/97)