PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

Mar 17, 1999 8:00 am Secretary of State

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DOCUMENT # P9800008570					
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Principal Place		Mailing Address			
508 NORTH FIR		508 NORTH FIRST STREET LAKE CITY FL 32055	1		
ORE ON TE	02003			DO NOT WRITE IN THIS SPACE	<del></del>
{		AKER	4	3. Date Incorporated or Qualifed	
2 Principal Pl	lace of Business	2a. Mailing Address		01/26/1998 4. FE: Number Applied For	-
21	( ) (	26		Not Applicab	e
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
22		27 City & State		ree Nequileo	
City & Star	e 	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	_
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	<del></del>	30	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent	
<del>                                     </del>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	-
DICKERA DONALD E			dress (P.O. Box Number is Not Acceptable)	-	
508 NORTH FIRST STREET			02 Street Au	diess (F.O. DOX Number is Not Acceptable)	
LAKE	E CITY FL 32055		83		
			B4 City	FL 85 Zip Code	
4. 0	1- 1( F	and S07 1508 Slorida Statutor	the above-named co	recention authorite this statement for the ourness of changing its registered	
l Office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change was aut	(norizea by ure corpora	tion's board of directors. I hereby accept the appointment as registered	
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<u></u>	Signature, typed or printed name of registered agent		Registered Agont signature requi	red when remotiving)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<del>-</del>   €
12. πιε	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	≦
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14. 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 exergic his report as required by Chapter 607. Florida Statutes: and that my name appears in Block 12 or Block 13 if changed on an anadoment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR