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

**PRÒFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90009 006 \*\*\*550.00

Applied For

Not Applicat

□No

Fee Required

Added to Fees

Zip Code

DOCUMENT #	P98000034651
Corporation Name	1 0000000 1001

SEA JM CORP.

Principal Place of Business Mailing Address % AYLANTIC YACHT & SHOP % AYLANTIC YACHT & SHOP 850 NORTHEAST 3RD STREET SUITE 210 850 NORTHEAST 3RD STREET SUITE 210 DO NOT WRITE IN THIS SPACE DANIA FL 33004 DANIA FL 33004 3. Date incorporated or Qualifed 04/16/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number C65-082.881C 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 28 Trust Fund Contribution 23 Zip Zip Country This corporation owes the current year Intangible Country 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 82 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. PSTD ☐ DELETE 1.1 TITLE TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change NAME MARINO, JOSEPH M 1.2 NAME 850 NORTHEAST 3RD STREET SUITE 210 1.3 STREET ADDRESS STREET ADDRESS DANIA FL 33004 1.4 CITY-ST-ZIP CITY-ST-ZIP Addi: ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addı DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addit DELETE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addi □ DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZÎP Change 61 TITLE Addi: DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CiTY-ST-ZIP

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

SIGNATURE:

