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Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90004 027 ***558.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000035849

1. Corporation Name

PROFIT PLUS SPECIALISTS OF AMERICA, INC.

Principal Place of Business

11330 SW 164 STREET
MIAMI FL 33157

Mailing Address

11330 SW 164 STREET
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1998

4. FEI Number

65-0829281

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1688 West Avenue

Suite, Apt. #, etc.

22 Suite 601

City & State

23 Miami Beach FL

Zip

24 33139

Country

25 Dade

2a. Mailing Address

26 P O Box 51195

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33157-1950

Country

30 Dade

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Christopher R Felton

82 Street Address (P.O. Box Number is Not Acceptable)

11330 SW 164 Street

83

84

City Miami

FL

85 Zip Code

33157

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, if applicable.

Christopher R Felton

9/11/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME JAFFEE, SCOTT D
STREET ADDRESS 11330 SW 164 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE VTD
NAME FELTON, CHRISTOPHER
STREET ADDRESS 11330 SW 164 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME scott D. Jaffee
1.3 STREET ADDRESS 1688 West Avenue, Suite 601
1.4 CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE VTD
2.2 NAME Christopher R. Felton
2.3 STREET ADDRESS 11330 SW 164 Street
2.4 CITY-ST-ZIP MIAMI FL 33157-2712

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)