PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kathering Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9800036338

FILED Jun 01, 1999 8:00 am Secretary of State 06-01-1999 90016 020 ***150.00

21	Applied For Not Applicable Additional Required May Be d to Fees ANO
Principal Place of Business 1427 SATSUMA ROAD 1428 SATSUMA ROAD 1428 SATSUMA ROAD 1429 SATSUMA ROAD 1429 SUIte, Apt. #, etc. 21	Applied For Not Applicable Additional Required May Be d to Fees ANO
Principal Place of Business 1427 SATSUMA ROAD 1428 SATSUMA ROAD 1428 SATSUMA ROAD 1428 SUBJECT ACTION OF THE STATE STATE STATE STATE SUBJECT ACTION OF THE STATE	Applied For Not Applicable Additional Required May Be d to Fees ANO
JACKSONVILLE FL 3259 JACKSONVILLE FL 3259 JACKSONVILLE FL 32259 DO NOT WRITE IN THIS SPACE 3. Dete Incorporated or Qualified 04/20/1998 4. FEI Number 59 36 36 36 58 58 58 58 58 58 58 58 58 58 58 58 58	Not Applicable Additional Required O May Be d to Fees ENO
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. December 2. Suite, Apt. #, etc. 3. Certificate of Status Desired \$5.0 Certificate of Status Desired \$5	Not Applicable Additional Required O May Be d to Fees ENO
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 5. G 35.0 3.0 9	Not Applicable Additional Required O May Be d to Fees ENO
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc.	Not Applicable Additional Required O May Be d to Fees ENO
Suite, Apt. #, etc. S. Certificate of Status Desired \$8.7'	Not Applicable Additional Required O May Be d to Fees ENO
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.7	Additional Required May Be d to Fees No
Scale Status St	Required O May Be d to Fees ENO D Code
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country City Country C	d to Fees No P Code
Zip	D Code
25 29 30 Personal Property Tax.	p Code
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SACK, MARTIN JR 2084 PARK STREET JACKSONVILLE FL 32204 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Z 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or preted name of registered squert and vide of applicable (NOTE: Registrated Agent signature (NOTE: Registrated Agent si	p Code
SACK, MARTIN JR 2064 PARK STREET JACKSONVILLE FL 32204 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Significants, typed to preced name of registered signet and title if acpticable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P LEATHEM, PATRICK W STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE Change TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change	its registered
2084 PARK STREET JACKSONVILLE FL 32204 83 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preted name of registered agent and rise if applicative (NOTE: Registated Agent signature (required when remaining) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P I P DELETE 1.1 TITLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 1.4 CITY-ST-ZIP TITLE DELETE 1.2 NAME 2.2 NAME Change	its registered
2064 PARK STREET JACKSONVILLE FL 32204 84 City FL 85 Z 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Signature. Signature of registered agent and title if applicable. RNOTE: Registered Agent signature (equired when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P DELETE 1.1 TITLE STREET ADDRESS TYPE SATSUMA ROAD 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 TITLE OCHANGE CHANGE CHA	its registered
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preted name of registered agent and rise if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P LEATHEM, PATRICK W 12 NAME STREET ADDRESS 1427 SATSUMA ROAD 13 STREET ADDRESS CITY-ST-ZIP DELETE 21 TITLE Change Cha	its registered
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Signature. Typed or preted name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P DELETE 1.1 TITLE STREET ADDRESS 1427 SATSUMA ROAD 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 1.4 CITY-ST-ZIP TITLE OFELETE 2.1 TITLE Change Cha	its registered
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 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 agent. I am familitar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Specification of registered signes and title if sophizable (NOTE: Registered Agent signature (sequired when rematating)) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PARKE LEATHEM, PATRICK W 12.NAME STREET ADDRESS 14.27 SATSUMA ROAD 1.3.STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 1.4.CITY-ST-ZIP TITLE Change Chan	its registered registered
office or registered agent, or both, in the State of Florida. Such diarge was authorized by the corporation's busined of interiors. Thereby state of Florida Statutes. SIGNATURE Signature. Typed or prefed name of registered agent and life of applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME LEATHEM, PATRICK W 12. NAME STREET ADDRESS 14.27 SATSUMA ROAD 13. STREET ADDRESS CITY. ST. ZIP JACKSONVILLE FL 32259 14.0(IV-ST. ZIP TITLE Change LEATHEM LEA	its registered registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, typed or preted name of registered speec and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P LEATHEM, PATRICK W 12.NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Chan	
Signature. Typed or preted have of registanced agent and total 8 acadiscable (NOTE: Registanced Agent signature required when reinstabling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME LEATHEM, PATRICK W 12 NAME STREET ADDRESS 1427 SATSUMA ROAD 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 1.4 CITY-ST-ZIP TITLE NAME 12 NAME 22 NAME	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME LEATHEM, PATRICK W 12.NAME 12.NAME 1427 SATSUMA ROAD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 142.NAME 12.NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 15. TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.1 TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.2 TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE P DELETE 1.1 TITLE Change NAME LEATHEM, PATRICK W 1.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 1.4 CITY-ST-ZIP TITLE NAME 22 NAME	FORS IN 12
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 I 42T SATSUMA ROAD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME 1.2 NAME	e Addition
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 I 42T SATSUMA ROAD 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME 1.2 NAME	
TITLE CHANGE NAME Change 122 NAME	
NAME 22 NAME	
TANK	e Addition
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP	e Addition
THE STATE OF THE S	
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-20P 3.4. (ITY-ST-20P Change Change Change Change Change Change Change Change	e Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZP 44 CITY-ST-ZP	
TITLE DELETE 5.1 TILE Chang	e Addition
NAME S2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZP 5.4 CITY-ST-ZP	
TITLE OFLETE 6.1 TITLE Change	<u> </u>
NAME 62 NAME	e Addition
63 STREET ADDRESS	Addition
STREET ADDRESS 64 CITY-ST-ZIP	Addition

Interest certify that the information supplied with this hing does not quality for the exemption stated in Section 119.01(3/t)), Fronds statutes, I further certify that are 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 ostit; 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.

C)	C 1	JΛ	TI	ID	E٠

Detsin	1 / Laithers
1-4/4//	
RIGHATING AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR