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

PROFÍT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000056770

KAY WILLIAMS OF FLORIDA, INC.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90153 047 ***150.00



							1 ION MAIN ONN T		U H ab ii U	13 63 168	
Principal Place of Business Mailing Address											
777 LANTANA ROAD 777 LANTANA ROAD											
LANTANA FL 33	3462	LANTANA FL 33462				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated					
						06/24/1998					
9 Driveis of Di	Inne of Puninees	2a. Mailing Address				4. FEI Number			Apr	olied For	
LOLO TAMIAME TRATE						65-085460	59		<u> </u>	Applicable	
21 4910 TAPLETT TRALE: 26 Suite, Apt. #, etc.								_ \$8		dditional	
NORTH, SUITE 200						5. Certifcate of Status	Desired L		ee Re	i i	
City & State City & State						6. Election Campaign	Financing			May Be	
23 NAPLI	ES, FL	28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8. This corporation owes the current year Intangible					
34103		29 30				Personal Property Tax.					
	9. Name and Address of Current	Registered Agent				10. Name and Addres	ss of New Reg	istered Agent	<u> </u>		
			81	Name	BΕ	TTINA SCHAI	EFER			}	
COHAN, DOLLY			82	Street	Addres	ss (P.O. Box Number is 10 TAMIAMI	Not Acceptable	2)		T.T.P. 2.00	
777			l	49	10 TAMIAMI	TRAIL	NORTH,	50	ITE 200		
LAN	TANA FL 33462		83	1						l l	
*			84	City				85	Zip C	ode I 0 3	
	!				ΝA	PLES		- HL	34	103	
11. Pursuant	to the provisions of Sections 697.0502 egistered egent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, t	he abov	e-named	corpoi	ration submits this stater	ment for the pu	rpose of chang	jing its t as red	registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	pr-torida. Such change was autho ans of, Section 607.0505, Florida	rized by Statute:	rune corpi S.	oi autori	is board of directors. In	ereby accept t	не арропинон		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE	IX SCRICE	BETTI	NA	SCHA	EFE	R	1 /	14/99		1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	stered Age	nt signature r	equired v	when reinstating)		DATE			
12.	OFFICERS AND		13.		- -	ADDITIONS/CHANG					
TITLE	DELETE 1.1 TI		1.1 TITLE			ESIDENT/SEC		K K	hange	☐ Addition	
NAME	SCHAEFER, BETTINA				I	HAEFER, BE					
STREET ADDRESS			1.3 STREET ADDRESS 18		18	21 IMPERIA	L GOLF	COURSE	BL	VD.	
CITY-ST-ZIP	50668 KOLN, GERMANY	668 KOLN, GERMANY14C		ST-ZIP			34110~	<u> </u>			
TITLE		☐ DELETE 2.1 T			VΙ	CE PRESIDE	NT/TREA	SURERIC	hange	X Addition	
NAME			2.2 NAME		SC	HAEFER, KAI	RL			ļ	
STREET ADDRESS			2.3 STREE	T ADDRESS	18	21 IMPERIAL	GOLF	COURSE	BL	VD,	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	NA	PLES, FL	34110				
TITLE			3.1 TITLE						hange	Addition	
NAME	321		3.2 NAME		J						
STREET ADDRESS		ſ	3.3 STREE	T ADDRESS						[
CITY-ST-ZIP			3.4. CITY-	ST-ZIP							
TITLE		☐ DELETE 4.11		4.1 TITLÉ					hange	☐ Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	T ADDRESS						ì	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		_				hange	Addition	
NAME		j	5.2 NAME								
STREET ADDRESS			5.3 STREE	ET ADDRESS							
CITY-ST-ZIP			5.4 CITY-	ST-ZIP							
TITLE		☐ DÉLETE	6.1 TITLE						hange	Addition	
NAME			6.2 NAME							[

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 recover 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 appear with an address, with all other like empowered. officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (941) 263-1664