PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90047 001 ***150.00

Applied For Not Applicable

Added to Fees

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i de E.t.

DOCUMENT # P98 1. Corporation Name PEOPLE 8-4 PROFIT INC.	8000075199	
Principal Place of Business 157 CAY WEST WAY PONTE VEDRA FL 32082	Mailing Address 157 CAY WEST WAY PONTE VEDRA FL 32082	
		3. Date Incorporated or Qualified - 08/28/1998
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
21	26	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing 55.00 May Be

WATT: BRUCE'N---157 CAY WEST WAY PONTE VEDRA FL 32082

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Country

9. Name and Address of Current Registered Agent

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		sonal Property Tax.	□ Ye	
	10. Na	me and Address of New Re	istered Agent	
81	Name	-		
82	Street Address (P.O.	Box Number is Not Acceptable	B)	
83				

Trust Fund Contribution

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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	olstaned Agent signature	required when reinstating)	DATE			1
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12	1
TITLE	Frozidart 1-17 DELETE	1,1 TITLE			☐ Change	☐ Addition	l
NAME	Bruce Royman Wall	12 NAME					
"STREET ADDRESS	157 1100 11151 10011	1.3 STREET ADDRESS			-		-
CITY-ST-ZIP	Porte Vedia Brach, FL 32082	1.4 CITY-ST-ZIP	<u> </u>				1
TITLE	DELETE	2.1 TITLE		.'	Change	Addition	ĺ
NAME		2.2 NAME		,			ĺ
STREET ADDRESS		2.3 STREET ADDRESS		,			ĺ
CITY-ST-ZIP		2.4 CITY-ST-ZIP					ı
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CITY-ST-ZIP) <u></u>	5.4 CITY-ST-ZIP			<u> </u>		l
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NAME		6.2 NAME	Į			l	l
STREET ADORESS	· · · · · · · · · · · · · · · · · · ·	6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-\$T-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: