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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S34378**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90146 010 ***150.00

PROFILE	INTERNATIONAL PUBLISH	ING COMPANY							
Principal Place of Business Mailing Address						- C INDIAND TOO HAN BIRDD HIER II	800) 1011 OLBI: 011	III MIMIL G1811	
3746 48 E OCEAN BLVD 3746 48 E OCEAN									
HARBOUR BAY PLAZA HARBOUR BAY PLAZA						DO NOT IMP	TE IN THIS	SDACE	
STUART FL 34996 STUART FL 34996 US US									
US US						02/25/1991			
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address						
21		26							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	I & Cortifonto of Statue Decired 1 /			
22 .		27							
City & Stat	9	City & State	<u> </u>			1			
Zip Country		Zip Country							
Zip	25	— · ·	_			1	nesit year miz	Yes	□No
24	9. Name and Address of Curren		J U				Registered /	Agent	
	7- Haire and Hadron C. Control			81 Nan	1e 7	C1			
BEAUCHAMP, STANLEY				00 64					
3268 SE FEDERAL HWY			to (02 309	3746				}
STUART FL 34997			Ý) 83		11	1			
,			至)		<u>Har</u>	Dour Day Fla	2a	los 7:-	Cado
			ઈ(84 City	S	nuart	FL	103 21	3496
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent on both, in the State	2 and 607.1508, Floride Statute of Florida Such change was a	s, the a	bove-nam by the co	ed corpo rporation	ration submits this statement for the hard of directors. I hereby acceptable	e purpose of oppoin	changing it itment as r	s registered egistered
agent. I a	m familiar With and accept the obliga	tions of Section 507.0505, Flor	ddress COEAN BAY PIAZA L 34996 3. Date Incorporated or Qualifed 02/25/1991 g Address 4. FEI Number 65-0248075 Apt. #, etc. 5. Certificate of Status Desired 7-FE Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax. Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P,O, Box Number is Not Acceptable) 83 Harbour 84 City Struct 84 City Struct 85 Zip Code 34 9 9 6 36 Zip Code 34 9 9 6 Agent Applied For Not Applicable Status Desired \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No Agent 81 Name 82 Street Address (P,O, Box Number is Not Acceptable) STATE 84 City Struct 85 Zip Code 34 9 9 6 Can Divid. 85 Zip Code 34 9 9 6 Can Divid. 86 Zip Code 34 9 9 6 Can Divid. 87 Zip Code 34 9 9 6 Can Divid. 87 Zip Code 34 9 9 6 Can Divid. 87 Zip Code 34 9 9 6 Can Divid. 87 Zip Code 34 9 9 6 Can Divid. 87 Zip Code 34 9 9 6 Can Divid. 87 Zip Code 34 9 9 6 Can Divid. 87 Zip Code 34 9 9 6 Can Divid. 88 Zip Code 34 9 9 6 Can Divid. 89 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 6 Can Divid. 80 Zip Code 34 9 9 0 Can Divid.						
SIGNATURE,	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent signati	re required	when reinstating)	DATE DATE	1/ -7	
12.		ID DIRECTORS					FFICERS AN	D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 31	TLE				☐ Change	Addition
NAME	BEAUCHAMP, STANLEY		1.2 N	AME					ŀ
STREET ADDRESS	3746 48 E OCEAN BLVD		1.3 ST	TREET ADORE	ss]
CITY-ST-ZIP	STUART FL 34496		1.4 Ci	TY-ST-ZIP_					
TITLE	D	☐ DELETE	2.1 TI	TLE				Change	Addition
NAME	BEAUCHAMP, MARTIN		2.2 N	AME					
STREET ADDRESS	3746 48 E OCEAN BLVD		2.3 S	2.3 STREET ADDRESS					}
CITY-ST-ZIP_	STUART FL 34996								
TITLE	D	☐ DELETE	3.1 TÌ	TLE		•		Change	- Lagginon
NAME	BEAUCHAMP, SIMON		3.2 N	AME					
STREET ADDRESS	3746 48 E OCEAN BLVD				S S				
CITY-ST-ZIP	STUART FL 34996		_		-			Chance	- [7] Addition
TITLE	D	☐ DETEIF						Change	, Chadillon
NAME	NEAL, BYRON								Į
STREET ADDRESS	3746 48 E OCEAN BLVD				SS				ì
CITY-ST-ZIP	STUART FL 34996	- noicte	_			MATTAR W		· Change	Addition
TITLE		☐ DEFELE						3.10.196	
NAME					ss	:			}
STREET ADDRESS									
CITY-ST-ZIP		□ DELETE	_					[iii] Change	Addition
TITLE	•	الم محدد الم						5	_
NAME			•		SS				
STREET ADDRESS									
CITY-ST-ZIP	· '		0,70	, , , , , , , , , , , , , , , , , , ,	1				

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 changes of an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR