

**FILED**  
**Jun 04, 1999 8:00 am**  
**Secretary of State**

06-04-1999 90006 038 \*\*\*150.00

**PROFLP CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # S41549**  
 1. Corporation Name  
**12844, INC.**



Principal Place of Business  
**18260 N.E. 19TH AVE. SUITE 202 N. MIAMI BEACH FL 33162**

Mailing Address  
**18260 N.E. 19TH AVE. SUITE 202 N. MIAMI BEACH FL 33162**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 **MARY HOPKINS CPA**  
 Suite, Apt. #, etc.  
 27 **9121 N. MILITARY TR. #222**  
 City & State  
 28 **PALM BEACH GARDENS FL**  
 Zip  
 29 **33410** Country  
 30 **FLORIDA USA**

3. Date Incorporated or Qualified  
**03/28/1991**

4. FEI Number  
**65-0265766**

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

9. Name and Address of Current Registered Agent  
**ROSENFELD, ALEXANDER, M.**  
**18260 N.E. 19TH AVE.**  
**SUITE 202**  
**NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent  
 81 Name  
**MARY HOPKINS CPA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**9121 N. MILITARY TRAIL #222**  
 83  
 84 City  
**PALM BEACH GARDENS FL** 85 Zip Code  
**33410**

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 Mary Hopkins DATE 6-28-99

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>MEIR, GUIDO</b>	
STREET ADDRESS	<b>18260 N.E. 19TH AVE.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSENFELD, ALEXANDER M.</b>	
STREET ADDRESS	<b>18260 N.E. 19TH AVE.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] DATE: 6/28/99

CR2E034 (1/98)