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PROFI1 CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

S80821

(9)

PLAZA INVESTORS, INC.

Principal Place of Business

Mailing Address

505 LANCASTER ST #1A JACKSONVILLE FL 32204

505 LANCASTER ST #1A JACKSONVILLE FL 32204



9 Flameter 190	60		·			3. Date Incorporated or Qualified 09/17/1991	3a. Date o	f Last F 4/24/	•
_2. Principa! P.a 21	ace of business	2a. Mailing Addr	ress			4. FEI Number		\vdash	Applied For
Suite, Apt. #	h etc	Suite Apt #				59-3084220			Not Applicable
2		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
Ζμι 24]	Country 25	Ζιρ 29	30	Country	1	8. This corporation has liability for Florida Statutes Yes	intangible tax	under s	199.032,
	Name and Address of Curren	it Registered Agent				10. Name and Address of New F	Registered Ag	ent	
				81	Name				***************************************
WILLINGHAM BEN H. JR.				B2 Street Addre		dress (P.O. Box Number is Not Acceptate	nle!		
505 LA	ANCASTER ST				Sileer Aug	uress (F.O. BOX Nulliliber is Not Acceptat	ole)		
APT 10	0C			83			• • • • • • • • • • • • • • • • • • • •		
JACKS	SONVILLE FL 32204								
				84	City		FL	85 Z	p Code
11. Pursuant to	the provisions of Sections 607.0602	and 607,1508, Florid	a Statutes, th	ne above-r	named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of chang	nina ite :	registered office
SIGNATURE	h, and accept the obligations of, Secti Spater, நன்னான் ஊர் சிருக்கு குன	and little d'applicates			it signature requiri	nd when reinstating)	DATE		
12. .:	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·		13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTO	ORS IN 12
THEF	DVST	□ DELI	C T.C.					Δ.	Addition
	***		LIE	1 1 TITLE	1			Change	MODITION
NAME	MCGEHEE, THOMAS R.		נונ	1.2 NAME				Unange	☐ ADDITION
NAME	505 LANCASTER ST #6AB		נונ		ADDRESS			Change	
NAME SINGEL ADDRESS OLY: \$1-7:P			:	1.2 NAME				Change	ADURBUR
NAME SIMELL ADDRESS CHY-SI-7P	505 LANCASTER ST #6AB JACKSONVILLE FL DP	DELI	:	1.2 NAME 1.3 STREET				Change	Addition
NAME STREET ADDRESS CHY-ST-7-P THEF	505 LANCASTER ST #6AB JACKSONVILLE FL DP WILLINGHAM, BEN H. JR.		:	1.2 NAME 1.3 STREET 1.4 CITY - S					
NAME SIMELLADDRESS CHY-SI-ZIP THEF	505 LANCASTER ST #6AB JACKSONVILLE FL DP WILLINGHAM, BEN H. JR. 505 LANCASTER ST.#1B		:	1.2 NAME 1.3 STREET 1.4 CITY - S 2 1 TITLE	T · ZIP				
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reflection that the information indicated on the annual report of 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 Brock 12 or Brock 3 if charged, or on an attacharget with an address.

SIGNATURE:

3/6/96