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

PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997		Secretary of State Division of Corporations				Secretary of State				
DOCU!	MENT # S		(6)		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Principal Piace 734 E. CHATEL DELRAY BEAC	AINE BLVD.	73	Mailing Address 734 E. CHATELAINE BLYD. DELRAY BEACH FL 33445-2211					188 5: 18618 1181	0.861 E1841 0		BIBIT TOUT
1							3. Date incorporated o	r Qualified		te of Last R	eport
2, Phoopal Pi	lace of Business	2a.	2a. Mailing Address				11/26/1991 4. FEI Number		U4/	16/1996 Ap	optied For
21		26	······ 1				65-0297827			——	t Applicable
Suite, Apt	#, etc	27	Suite. Apt. #, etc.				5. Certificate of Status	Desired		\$8.75 / Fee Re	
City & State			City & State				6. Election Campaign I	inancing		\$5.00	
23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28		·r			Trust Fund Contribut	ion		Added 1	to Fees
Zip [24]	(Coun	1ry 29	Z ₁ p Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		ress of Current Regis	tered Agent				10. Name and Address				
	liams, albert			[81	Name					
						Street Add	lress (P.O. Box Number is N	ot Acceptab	le)		
DEL	RAY BEACH FL 334	445		}-	B3						
				1		A				T-1 5.	
					84	City			FL	85 Zip (Code
11, Pursuant office or r agent 1 a	to the provisions of Su egistered agent, or be in familiar with, and ac	ctions 607 0502 and 6 th, in the State of Flori cept the obligations o	07.1508. Florida Statu da. Such change was f, Section 607.0505, Fl	tes, the ab authorized orida Statu	ove- by t utes.	named corp he corpora	poration submits this statem tion's board of directors. I h	ent for the p ereby accep	ourpose of of the appo	changing it pintment as	s registered registered
SICMATURE											
12.		ne of regelect agent and the OFFICERS AND DIREC		TE Registered	Agent	signature requi	ired when reinstating) ADDITIONS/CHANGE	S TO DEELC	DATE SERS AND	DIRECTOR	S IN 12
TILLE	D		DELETE	1.1 TH	LE		TIDDITION OF THE TOTAL	.0 10 01110	LITO / II ID	Change	Addition
NAME	WILLIAMS, ALBEI			1.2 NA	ME	Ì					}
STHITE ADDRESS	734 E. CHATELA			1.3 STF	REETA	DDRESS					
C-TY - St. ZiP	DELRAY BEACH	FL	DELETE	1.4 CH		ZIP				Chapao	Addition
MAME			☐ DELETE	2.1 TH 2.2 NAI						Change	TT MODITION
STREET ADDRESS						DDRESS					
CITY - \$1 - 7e*				1	TY-ST						
1)T,F			DELETE	3 1 7(1)						Change	Addition
NAME				3.2 NA		ł					
STREET ADDRESS				- 1		DDRESS					
GHY-ST Z0:			DELETE	3.4. CIT 4.1 TiT		- ZIF'				Change	Addition
NAMI				4. 2 NA							
STHELL ACCURENS						DDRESS					
0/11 - S1 - Z/P				4 4 CIT	Y-S1-	ZIP					
TITLE			□ DELETE	5.1 TiTi		ļ				Change	Addition
NAM:				5.2 NA		DODECE					
STREET ADDRESS.				5.3 STF		DDRESS					1
1011			DELETE	61 117		£11				Change	Addition
NAMi				62 NA	ME	1					
SIBELLADORESS				6350	REET A	DDRESS					}

14. I do hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information independ 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.

6 4 CITY - ST - ZIP

SIGNATURE: Office B. Williams

OFFICER OR DIRECTOR D. Williams March 17, 1997

FILED

Mar 21 1997 8:00am