SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1885. AMBUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMALIAN AMOUNT DUE TO RENSTATE: \$975.)					
PROFIT FLO CORPORATION ANNUAL REPORT		FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State	FILE	The state of the s
DOCUMENT # V49385 (0)				96 NOV -4 PH 1: 56	
J&B OFFICE SERVICE GROUP, INC.				SECRETARY	
Principal Place of Business Mailing Address					
907 SE 11TH AVE. 907 SE 11TH AVE. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441			41	REINSTATEME 3. Date Incorporated or Qualified 07/06/1992	aa. Date of Last Report
2. Principal Place of Business 2e. Mailing Address 2f				4. FEI Number 65-0343390	Applied For Not Applicable
	Suite, Apt. #, etc. Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Ba
Zip 24	Country 25 9. Name and Address of Current	Zip 29	Country	This corporation has liability for Florida Statutes Name and Address of New Re	(\$60).
Street Address (P.O. Box Number is Not Acceptable) PERFELD BEACH FL 33441 Street Address (P.O. Box Number is Not Acceptable) City Perfect Acceptable 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 of 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE STATUTE SIGNATURE SIGNA					
	Storestre, hyped or printed name of registered agent	and title if applicable. (NOTE:	Physicians Agent Hometers		DATE STATE OF COLUMN STATE OF THE STATE OF
12. TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, CHARLES L. 907 SE 11TH AVE. DEERFIELD BEACH FL	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	Pice theredest Synde R. Hagen Perfect Beach	CERS AND DIRECTORS IN 12. 88. Comps. L. Addition 8. Comps. L. Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KENNEDY, JUNE S 907 SE 11 AVE DEERFIELD BCH FL	DELETE	2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 2.5		99 78 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 HAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-5T-7P	WOS AN	Charge L Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZP	AN,	Charge (- Addition
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I will turnier 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE: Description 19.07(3)(k), Florida Statutes, I will be a secure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Description 19.07(3)(k), Florida Statutes, I will be a secure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Description 19.07(3)(k), Florida Statutes, I will be a secure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I will be a secure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I will be a secure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I will be a secure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I will be a secure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I will be a sec					

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