SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L86549** **(7)**

1. Corporation Name
PROFIT CONCEPTS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1600 DOVE ST. SUITE #338 L NEWPORT BEACH CA 92660	1600 DOVE ST. SUITE #338 L NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1990
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business	2a. Mailing Address
21 ONE TECHNOLOGY DRIVE	26 ONE TECHNOLOGY DRIVE
Suite, Apt. #, etc. 22 SUITE C 511	Suite, Apt. #, etc. 27 SUITE C 511
City & State 23 IRVINE, CA	City & State 28 IRVINE, CA
Zip / Country 24 92718 / 25 U.S.A.	Zip / Country 29 92718 / 30 U.S.A.

4. FEI Number: 65-0220906 — ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFO. SERVICES, INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 N/A DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	HALL, DAVID W.	1.2 NAME	
STREET ADDRESS	1600 DOVE ST.,STE. #338	1.3 STREET ADDRESS	ONE TECHNOLOGY DRIVE, SUITE C 511
CITY-ST-ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	IRVINE, CA 92718
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	BURKE, STEVE	2.2 NAME	
STREET ADDRESS	1600 DOVE STREET	2.3 STREET ADDRESS	ONE TECHNOLOGY DRIVE, SUITE C 511
CITY-ST-ZIP	NEWPORT BEACH CA	2.4 CITY-ST-ZIP	IRVINE, CA 92718
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X [signature] 7/6/95 (714) 789-6210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170327 FP