

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90028 016 ***550.00

DOCUMENT # **L86549**

1. Corporation Name

PROFIT CONCEPTS MANAGEMENT, INC.

Principal Place of Business

**ONE TECHNOLOGY DR
STE C-511
IRVINE CA 92718
US**

Mailing Address

**ONE TECHNOLOGY DR
STE C-511
IRVINE CA 92718
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1990

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 **F - 217**

3 City & State

4 Zip

5 **92618**

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **F - 217**

28 City & State

29 Zip

30 **92618**

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11. OFFICERS AND DIRECTORS

LE **P** ☐ DELETE

ME **HALL, DAVID W.**
STREET ADDRESS **ONE TECHNOLOGY DR STE C-511**
Y-ST-ZIP **IRVINE CA**

LE **VP** ☐ DELETE

ME **BURKE, STEVE**
STREET ADDRESS **ONE TECHNOLOGY DR STE C-511**
Y-ST-ZIP **IRVINE CA**

LE ☐ DELETE

ME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-99 949 789 6200

CR2E034 (5/99)

0121337