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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000019703

1. Corporation Name  
PRITCHARD ENTERPRISES, INC.

Principal Place of Business  
234 S.W. 9TH AVENUE  
BOYNTON BEACH FL 33435

Mailing Address  
P O BOX 610  
BOYNTON BEACH FL 33425-610  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 02/29/1996  
4. FEI Number: 65-0649514  
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 Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent  
PRITCHARD, TIMOTHY J  
306 E. BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent  
81 Name: PRITCHARD, TIMOTHY J.  
82 Street Address: 234 SW 9 AVE  
84 City: BOYNTON BEACH FL 85 Zip Code: 33435

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: [Signature] DATE: 1-15-99

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PRITCHARD, TIMOTHY J.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, etc.

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1-15-99 DAYTIME PHONE #: 561-885-9371

CR2E034 (1/198)