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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000096447

PREK, INC.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90120 031 ***150.00



Principal Place	of Business	Mailing Ad	dress							
2150 W. DR. MA Tampa Fl 3360	irtin Luther King. Jr. BLVD. 7	2150 W. DR. MARTIN LUTHER KING. JR. BLVD. TAMPA FL 33807				BLVD.	DO NOT WRITE IN THIS SP	ACE		
							3. Date Incorporated or Qualifed			
							11/16/1998		}	
2 Principal Pt	ace of Business	2a. Mailing	Address				4 CEI Number	A	pplied For	
26			, , , , , , , , , , , , , , , , , , , ,				50-3545959		ot Applicable	
Cuito Ant	# oto		Suite, Apt. #, etc.						Additional	
Suite, Apt. #, etc.							5. Certifcate of Status Desired .		equired	
22		27 City &	City & State				6. Election Campaign Financing	\$5.00	May Be	
City & State	;	⊢ ¬ '	¬ ·				Trust Fund Contribution Added to Fees			
23 28 28 Zip Country 2		Zip	ip Country				8. This corporation owes the current year Intangible			
Zip			10			Personal Property Tax.				
24]	9. Name and Address of Curre	29		•			10. Name and Address of New Registered Age			
	9. Name and Address of Curre	nt Registered A	gent.		81	Name	iv. Italic and Jude out of the transfer of the			
RDI II	MFIELD, TOMMIE L									
1328 NASSAU ST.			82 Street Add			Street A	Idress (P.O. Box Number is Not Acceptable)			
	PA FL 33607				0.2					
IAMI	A FL 33007				83					
					84	City		85 Zip	Code	
						-	<u> </u>			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State n familiar with, and accept the oblig	of Florida, Such	change was aut	norizea	ז עם ו	named o	corporation submits this statement for the purpose of cha rration's board of directors. I hereby accept the appointm	ent as re	egistered	
SIGNATURE			WOTE: E		· i		equired when reinstating) DATE			
	Signature, typed or printed name of registered age	ent and title if applicable		13.	Agent	signature re	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
12.		ND DIRECTORS	☐ DELETE	1,1 11	n c			Change		
TITLE	D TOTAL D						_		_	
NAME	BRUMFIELD, TOMMIE L	LUNIO ID DI	um.	1.2 NA					.[
STREET ADDRESS	2150 W. DR. MARTIN LUTHER	KING, JH. BL	VU.	1		ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607			•	TY-ST	-ZIP		Change	Addition	
TITLE	D		☐ DELETE	2.1 TI	ΠE		L	_ criainge	L Addition	
NAME	Brumfield, James A			2.2 N	ME				}	
STREET ADDRESS	2150 W. DR. MARTIN LUTHER	i King, Jr. Bl'	VD.	2.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607			2.4 C	ITY-ST	-ZIP				
TITLE			☐ DELETE	3.1 TT	TLE		, Ε] Change	☐ Addition ∤	
NAME				32 N	AME		يقه ۱۰۰۰ مست ۱۰۰۰ مير د پير			
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. C	ITY-ST	-ZIP				
TITLE			DELETE	4.1 TI	TLE] Change	☐ Addition	
NAME				4. 2 N	AME		· , , , , , , ,			
STREET ADDRESS				4.3 ST	REET.	ADDRESS	P .			
j					TY-ST		•			
CITY-ST-ZIP TITLE		,.	☐ DELETE	5 1 TI				Change	Addition	
				5 2 N					_	
NAME						ADDRESS				
STREET ADDRESS					TY-ST	- 1				
CITY-ST-ZIP			☐ DELETE	6.1 TF			Г	Change	Addition	
TITLE			L DECEIE	6.2 N/			<u> </u>			
NAME						4BBBB500			\$	
STREET ADDRESS						ADDRESS			ŀ	
CITY-ST-ZIP				6.4 CI	TY-ST	-ZIP				

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 suppliemental 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.