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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

639862

(2)

FILED Apr 28 1998 8:00am Secretary of State

PRAD	oko, inc.				
Principal Place of Business Mailing Address				- I JOONS BILLO BILLO HOUR HOUR OLIVE HER BIOLE	AFRIT ATAIL BIBIT BIBIT BLATT (BB)
10968 N W 9TH MANOR 10968 N W 9TH MANOR			OR .	İ	
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			3071	DO NOT WRITE IN THIS	S SPACE
ļ				3. Date Incorporated or Qualified	J UI AGE
}				10/17/1979	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1950098	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25 A Name and Address of Curren	29	30	Personal Property Tax due June 30.	Yes DANO
Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent     Name     Name					n wholif
OLMEZEK, PAUL U.					
10968 NW 9TH MANOR CORAL SPRINGS FL 33071			82 Street	Address (P.O. Box Number is Not Acceptable)	
}	JUNAL SPRINGS FL 330/1		63		
]					
ļ			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the purpose	
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.					
1	in igninar win, and accept the conge	ations of, oddinin our .0000, the	orida otatijes.		
SIGNATURE	Signature, typed or printed name of registered age	on and title if applicable (NOT	E Registereo Agont signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLMEZER, PAUL C.		1.2 NAME		
STREET ADDRESS	10968 NW 9TH MANOR		1.3 STREET ADDRESS		ļį
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	V	DELETÉ	2.1 TITLE		☐ Change ☐ Addition
NAME	OLMEZER, RITA		2.2 NAME		
STREET ADDRESS	10968 NW 9TH MANOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	DELETE	2. 4 City - ST - ZiP		Change Addition
TITLE		L.J DELETE	3.1 TITLE		L.J. Change L.J. Addition
NAME CIRCL APPRICE			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		C CHANGE C XOOMION
1			4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP		ļ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		<del></del> -	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
المستنجين	<del></del>			·	

14. Thereby 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, of on an attachment with an address.

SIGNATURE:

Paul C. Olmerer

4/20/20

204-715-2207