## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 689339 1. Corporation Name

(0)

PROGRAMMED FINANCIAL CONCEPTS, INC.

Principal Place of Business

Mailing Address



6845 PEMBROKE ROAD C/O LACY PRATT HOLLYWOOD FL 33023		6845 PEMBROKE ROAD C/O LACY PRATT HOLLYWOOD FL 33023		3. Date Incorporated or Qualified 09/26/1980	3a. Date of Last Report 04/25/1995
2. Principal Pla	on of Rusinose	2a, Mailing Address		4, FEI Number	Applied For
			CLEAR SHOWER	59-2075874	Not Applicable
21   2400 CHELSEA STREEET		26 2400 CHELSEA STREET Suite Apt. #, etc. 27 % LALY PRATT		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> мау Ве
23 ORLA	WOD FLORIDA	28 ORLANDO	FLORIDA	Trust Fund Contribution	Added to Fees
Zip Country		Zip Count y		8. This corporation has liability for intangible tax under s. 199.032,	
24 32803	-2124 25 USA	29 32803-2124	30 U.SA	Fiorida Statutes 💢 Yes	
<u> </u>	g. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	ACY PRATT	
PRATT, LACY 82 Street Addres				dress (P.O. Box Number is Not Acceptable	e)
6845 PEMBROKE ROAD				O CHELSEA STREET	
HOLLYWOOD FL 33023					
84 City 85 Zip Co					
I			ORLA	AW DO	FL 32803-2124
or registere	o the provisions of Sections 607 0502 and agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was authorize	s, the above named corpo	oration submits this statement for the pur ard of directors. Thereby accept the appo	intment as registered agent. I am
SIGNATURE _	LACY PRATT Signature, typed or pented name of registered agent a	nel pro mapulonada (NOT	E Fryste A Sinature requir	est when the official	4/16/96
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD	□ DELETE		PD	
NAME	PRATT, KEVIN		1.2 NAM <b>7</b>	PRATT, KEVIN 0623 SOUTH STREET	
STREET ADDRESS	6845 PEMBROKE RD		1.3 STRE-T ADDRESS	0623 SOUTH STREET	
CITY-ST-ZIP	HOLLYWOOD FL		- 1.4 DITY ST-ZIP	ARRETTSVILLE, DHID 442	251-1108
TITLE	SD	☐ OELETE	6 4 7 7 7	S. D.	Change
NAME	Pratt, Karen			POLCHER, KAREN	
STREET ADDRESS	-8845 PEMBROKE-RD-		2.3 STRENT ADDRESS	2400 CHEZSEA STREET	1
CHTY - ST- ZIP	HOLLYWOOD FL		2.4 CITY ST-ZIP	ORLANDO, FLORIDA	32803-2124
TITLE	TD	☐ DELETE	3 t Tifu	7 D.	Change   Addition
NAME	PRATT, LACY			PRATT , LACY	ļ
STREET ADDRESS	6845 PEMBROKE RD			LYOO CHELSEA STREET	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY ST-ZIP	PRLANDO, FLORIDA 32	803.2124
TITLE		☐ DELETE	4 1 THTL:		Change Addition
NAME			4.2 NAM		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY ST-ZIP		
TITLE		DELETE	5 1 TITL		Change Addition
NAME			5.2 NAM		!
STREET ADDRESS			5.3 STREET ADORESS		
CITY - S1 - ZIP			5 4 CITY ST-ZIP		
TITLE		☐ DELETE	6 1 TITL	<del></del>	Change Addition
NAME		_	6 2 NAM		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY ST-ZIP		
	codify that the information supplied w	th this files is voluntarily furni		for the exemption stated in Section 119	07/3vik) Florida Statutes I further

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)(k), Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is rue 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 empowere I 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 any achieve that an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 004(407) 8987000