

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90095 013 ***150.00

DOCUMENT # F79823

1. Corporation Name
PRA FLORIDA, INC.

Principal Place of Business
10 COLONIAL CLUB DRIVE
STE 202
BOYNTON BEACH FL 33435
US

Mailing Address
10 COLONIAL CLUB DRIVE
SUITE 202
BOYNTON BEACH FL 33435
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1982

4. FEI Number
59-2262330

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 787 HAVANA DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 787 HAVANA DR
Suite, Apt. #, etc.

22 City & State
23 BOCA RATON FLA.

27 City & State
28 BOCA RATON FLA.

24 Zip 33487 25 Country USA

29 Zip 33487 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANELLA, ROSS H.
2640 HOLLYWOOD BLVD. #200
HOLLYWOOD FL 33020

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, DANIEL	
STREET ADDRESS	10 COLONIAL CLUB DRIVE #202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, LIEBA	
STREET ADDRESS	10 COLONIAL CLUB DRIVE #202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	787 HAVANA DRIVE
1.4 CITY-ST-ZIP	BOCA RATON FL-33487
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	787 HAVANA DRIVE
2.4 CITY-ST-ZIP	BOCA RATON FL-33487
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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: DANIEL SCHWARTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/99

561-350-4948

Date

Daytime Phone #

CR2E034 (11/98)