FILED

Mar 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F92000001002

1. Corporation Name

PRI REALTY INC

I DE HEA	E11) IIIO.							
Principal Place	of Business	Mailing Address			- 1 (09)(0) ((10) (0	ICO FIRM MAINE A DIM MASIC GAILE	BBCBS HBH ÉBRIN A	Bita (fa) (aa)
120 SPARROW DR. 2919-E N. MILITARY TRAIL				· · ·				
#108 BOX 360								,
ROYAL PALM BEACH FL 33411 WEST PALM BEACH FL 33409			9		DO NOT WRITE IN THIS SPACE			
us Us					3. Date-Incorporated 12/29/1992	or Qualifed		
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number		App	olied For
21		26	6				Not	Applicable
Suite, Apt	ŧ, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27				. Desired	Fee Red	juired
City & State	1	City & State			6. Election Campaig	n Financing	\$5.00 1	vlay Be
23		28 .			Trust Fund Contri	bution	Added to	Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			
24	25	29 30	<u> </u>		Personal Property			□No
	9. Name and Address of Current	Registered Agent	$=$ \downarrow	,	10. Name and Addre	ss of New Registered	Agent	
224	ON PEDDY		8	Name				
BRABON, JERRY				2 Street	ess (P.O. Box Number is	Not Acceptable)		
2919-E NORTH MILITARY TRAIL				0	<u> </u>			
BOX 360			83	3				ļ
WEST PALM BEACH FL 33409			84	1 City	·	FL	85 Zip C	ode
		the about		oration cubmits this state		changing its I	registered	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE								
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHAN	IGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE							Change	☐ Addition
NAME	BRABON, JERRY A 13		1.2 NAME BE		RABON, JETTY 3814 SAMO	A.		
STREET ADDRESS	44004 CUNICET DIVID			TADORESS	3814 SANO	Kidge Koac		
CITY-ST-ZIP	DOVAL DALLA DENCH EL 20441			ST-ZIP	Palm Beach	Gardens, FL	33419	કે \
TITLE	VD DELETE		2.1 TITLE				☐ Change	Addition
NAME			2.2 NAME		,	·		-
	1400 O 110711170/ 1 4117		2.3 STREET ADDRESS			•	•	ĺ
STREET ADDRESS	BOCA RATON FL		2. 4 CFTY-ST-ZIP		•	•		
CITY-ST-ZIP			3.1 TITLE				Change -	□ Addition
1			3.2 NAME					
NAME	44		I	ET ADDRESS				
STREET ADDRESS			•					
CITY-ST-ZIP			3.4. CiTY-				Change	Addition
TITLE			4.1 TITLE			-		
NAME			4. 2 NAM					j
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	<u></u>	Поссете	4.4 CITY-			 	Change	Addition
TITLE		☐ DELETE	5.1 TITLE			,	☐ Cliange	
NAME			5.2 NAME			•		ļ
STREET ADDRESS			1	ET ADDRESS				}
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE					- Addition
TITLE	☐ DELETE						Change	Addition
NAME			6.2 NAME					}

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 supplier stall 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 attagriment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP