

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

0547288

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90246 016 ***150.00

DOCUMENT # **F98000002945**

1. Corporation Name

PRB ASSOCIATES, INC.

Principal Place of Business
**43865 AIRPORT VIEW DRIVE
HOLLYWOOD MD 20636**

Mailing Address
**43865 AIRPORT VIEW DRIVE
HOLLYWOOD MD 20636**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/26/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1097906	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PARSON, ROBERT T 912 S. PALM BLVD., SUITE B NICEVILLE FL 32578				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 607.0505, 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/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHADEGG, LAWRENCE M	1.2 NAME	
STREET ADDRESS	40944 LAKE & BRETON VIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDTOWN MD 20650	1.4 CITY-ST-ZIP	
TITLE	EVSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOS, RICHARD A	2.2 NAME	Christopher A. Head
STREET ADDRESS	47477 SOUTH SNOW HILL MANOR ROAD	2.3 STREET ADDRESS	3311 Calvano Drive
CITY-ST-ZIP	ST MARY'S CITY MD 20686	2.4 CITY-ST-ZIP	Grand Island, NY 14072
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGAMAITE, JAMES N	3.2 NAME	Laura L. Benedetti
STREET ADDRESS	22185 MEADOWLAKE LANE	3.3 STREET ADDRESS	47 Shadow Wood Drive
CITY-ST-ZIP	GREAT MILLS MD 20634	3.4 CITY-ST-ZIP	East Amherst, NY 14051
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, DANIEL T	4.2 NAME	
STREET ADDRESS	23015 FOREST WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALIFORNIA MD 20619	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, ALLAN D	5.2 NAME	
STREET ADDRESS	29888 OAK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSVILLE MD 20659	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	KEPFERLE, MICHAEL R	6.2 NAME	
STREET ADDRESS	22910 CHESTNUT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON PARK MD 20653	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-99

Date

301-373-2360

Daytime Phone #

CR2E034 (11/98)