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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

NAME

TITLE.

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-2IP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 09 1998 8:00am

Secretary of State

50000242656<sup>56</sup>

-02/10/98--01043--005

\*\*\*158.75

Addition

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # J62019

PRUDENTIAL FINANCIAL SERVICES, LTD., CORP.

Principal Place of Business Mailing Address 5540 SCARINGTON CT., W. 5540 SCARINGTON CT., W. SOMERSET VILLAGE SOMERSET VILLAGE ORLANDO FL 32821 ORLANDO FL 32821 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SANDS, NICHOLAS M. 5540 SCARINGTON COURT W. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32821 83 84 City Žip Codo FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE SANDS, NICHOLAS M. NAME 1.2 NAME 5540 SCARINGTON COURT, W STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, FL. 32821 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE 3 1 TITLE ☐ Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 or 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 emphasized 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.

5.4 CITY - ST - ZIP