

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88881 (3)
1. Corporation Name
LLOYD PRESCOTT ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4902 EISENHOWER BLVD.
STE. 185
TAMPA FL 33634-3327
US

Mailing Address
4902 EISENHOWER BLVD.
STE. 185
TAMPA FL 33634-3327
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified
05/17/1989
4. FEI Number
59-2949250
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GORDON, MANUEL F.
4902 EISENHOWER BLVD
STE 185
TAMPA FL 33634-3327

10. Name and Address of New Registered Agent

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

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
TITLE PD
NAME GINSBERG, SHELDON
STREET ADDRESS 4902 EISENHOWER BLVD., #185
CITY-ST-ZIP TAMPA FL
TITLE STD
NAME GORDON, MANUEL F
STREET ADDRESS 4902 EISENHOWER BLVD., #185
CITY-ST-ZIP TAMPA FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 in the block immediately following an address change.

SIGNATURE: *Manuel F. Gordon* 9-23-98-(813) 881-1110

CR2E034 (5/98)