

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K92935

(1)

1. Corporation Name

PRE ENTERPRISES, INC.



Principal Place of Business

5714 SEVEN OAKS DR.
SARASOTA FL 34241

Mailing Address

5714 SEVEN OAKS DR.
SARASOTA FL 34241

3. Date Incorporated or Qualified

06/02/1989

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0128470

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, ROENA
5714 SEVEN OAKS DR
SUITE B
SARASOTA FL 34241

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PS
WRIGHT, ROENA M.
5714 SEVEN OAKS
SARASOTA FL

1.2 NAME
1.3 STREET ADDRESS

CITY- ST- ZIP
VT
WRIGHT, WILLIAM L.
5714 SEVEN OAKS
SARASOTA FL

1.4 CITY- ST- ZIP
2.1 TITLE ☐ Change ☐ Addition

NAME
VT
WRIGHT, WILLIAM L.
5714 SEVEN OAKS
SARASOTA FL

2.2 NAME
2.3 STREET ADDRESS

CITY- ST- ZIP
NAME ☐ DELETE

2.4 CITY- ST- ZIP
3.1 TITLE ☐ Change ☐ Addition

NAME
NAME ☐ DELETE

3.2 NAME
3.3 STREET ADDRESS

STREET ADDRESS
CITY- ST- ZIP
NAME ☐ DELETE

3.4 CITY- ST- ZIP
4.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP
NAME ☐ DELETE

4.2 NAME
4.3 STREET ADDRESS

STREET ADDRESS
CITY- ST- ZIP
NAME ☐ DELETE

4.4 CITY- ST- ZIP
5.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP
NAME ☐ DELETE

5.2 NAME
5.3 STREET ADDRESS

STREET ADDRESS
CITY- ST- ZIP
NAME ☐ DELETE

5.4 CITY- ST- ZIP
6.1 TITLE ☐ Change ☐ Addition

CITY- ST- ZIP
NAME ☐ DELETE

6.2 NAME
6.3 STREET ADDRESS

STREET ADDRESS
CITY- ST- ZIP
NAME ☐ DELETE

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1-26-96

Date

Daytime Phone #

CR2E034 (12/95)