

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 # P07583 (8)

1. Corporation Name

PRASCO, INCORPORATED



Principal Place of Business

P.O. BOX 7667
SEMINOLE FL 34642

Mailing Address

P.O. BOX 7667
SEMINOLE FL 34642

3. Date Incorporated or Qualified
10/01/1985

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 P.O. Box 74461

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

24 Zip 33623-4461

Country

2a. Mailing Address

26 P.O. Box 74461

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

29 Zip 33623-4461

Country

4. FEI Number
59-2235150

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

9. Name and Address of Current Registered Agent

BERLIT CORPORATE SERVICES, INC.
1428 BRICKELL AVE., SUITE 202
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE PST ☐ DELETE
NAME SILVER, PAUL R
STREET ADDRESS 100 LINCOLN ROAD, #943
CITY-STATE-ZIP MIAMI BEACH FL

TITLE VD ☒ DELETE
NAME SKLARE, JACQUELINE
STREET ADDRESS 5032 SHERIDAN STREET
CITY-STATE-ZIP HOLLYWOOD FL 33021

TITLE VD ☒ DELETE
NAME IZSAK, JACKSON
STREET ADDRESS 11734 88TH AVE N
CITY-STATE-ZIP SEMINOLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD Bonnie Oliver Andrus
2.3 STREET ADDRESS 2310 W. Southview Ave.
2.4 CITY-STATE-ZIP Tampa FL 33606

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD Dr. Max Ben
3.3 STREET ADDRESS 2212 East Fourth Avenue
3.4 CITY-STATE-ZIP Tampa, FL 33605-5410

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

Date

Daytime Phone #

4-74-96

813 248-3001

CR2E034 (12/95)