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

PROFIT CORPORATION ANNUAL REPORT



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

1996

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

APT 204

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7467 BAYSHORE DR

TREASURE ISLAND FL 33706-3594

DOCUMENT #	P92000000340	(9
 Corporation Name 		

PRATAS, INC.

Principal Place of Business

9531 BAY FINES BLVD

Principal Place of Business

SEMINOLE FL 33708

Suite, Apt. #, etc.

City & State

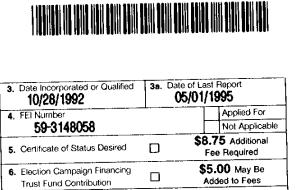
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8. This corporation has liability for intangible tax under s 199.032,

Yes No

29 25 24 9. Name and Address of Current Registered Agent ROWE, JAMES C ESO RIDEN, EARLE & KIEFNER, P.A. 100 SECOND AVE. SOUTH, SUITE 400N

ST. PETERSBURG FL 33701

Country

	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					

Florida Statutes

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.

Country

SIGNATURE	Ignature, typed or printed name of registered agent and title if applicable	(NOTF: Registered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN E
101E	P DELETE	1, 1 TITLE	C Average C and
NAME	JONES, ROBIN S	1.2 NAME	
STREET ADDRESS	7467 BAYSHORE DR	1.3 STREET ADDRESS	
CITY - ST- ZIP	TREASURE ISLAND FL	1.4 CITY - ST - ZIP	Change Addition
TITLE	DELETE	2 1 TITLE	Cutarille 1 vigorican
NAME		2.2 NAME	
		2.3 STREET ADDRESS	
STREET ADDRESS		2 4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	DELETE	3. 1 TITLE	Change Addition
TITLE	-	3.2 NAME	
NAME		33. STREET ADDRESS	
STREFT ADDRESS		3.4 CITY - ST - ZIP	
CITY-ST-7IP	DELETE		Change Addition
TITLE		4 2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY - ST - ZIP	
C(TY - ST - ZIP	DELETE		☐ Change ☐ Addition
TITLE) Direction	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS			<u></u>
CITY - ST - ZIF	FIRE	5 4 CITY-ST-ZIP 6 1 TITLE	Change Addition
TITLE	DELETE		
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-S1-ZIP		6 4 CITY - ST - ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

14. I do hereby certify that the information supplied with this fling 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 logal effect as if made under oath that I am an officer or director of the corporation or the fectiver 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 other attackment with an address.

SIGNATURE: SIGNATURE AND TYPED

SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)