

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

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000010466 (0)**

1. Corporation Name
PRAIRIE GROUP, INC.



Principal Place of Business 6134 TAYLOR RD STE 404 NAPLES FL 33942 US	Mailing Address P O BOX 1766 STE 404 NAPLES FL 34106-1766 US
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3. Date Incorporated or Qualified 12/07/1992	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 P.O. BOX 1766	2a. Mailing Address 26 P.O. BOX 1766
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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22 City & State 23 NAPLES, FL	27 City & State 28 NAPLES, FL
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24 Zip 34106	25 Country CAUER	29 Zip 34106	30 Country CAUER
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4. FEI Number 65-0494193	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATALANO, ANTHONY J
4001 TAMiami TRAIL N
STE 404
NAPLES FL 33940**

81 Name Harold J. Webre, III, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) Goodlette, Coleman & Johnson, P.A.
83 4001 Tamiami Trail N., Suite 300
84 City Naples
85 Zip Code FL 34103

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 *Harold J. Webre, III* DATE **2/10/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HAWN, GEORGE J 6134 TAYLOR RD NAPLES FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PVST HAWN, JR., GEORGE S PO BOX 1766 NAPLES, FL 34106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, changed, or put in attachment with an address.

SIGNATURE: *George Hawn, Jr.* DATE **1.28.97** DAYTIME PHONE # **741.594.0300**

CR2E034 (9/96)