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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000067660 (9)**

PRW, INC.

Principal Place of Business Mailing Address P.O. BOX 7112 P.O. BOX 7112 LAKELAND FL 33807-7112 LAKELAND FL 33807 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1993 08/14/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3201969 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zipi This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROJAS-WEISS, PURA 6332 FERN LANE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 City Zip Code 84 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, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PVTS Addition ☐ DELETE 1.1 TITLE Change Tiff ROJAS-WEISS, PURA CR2E034 12 NAME NAME 6332 FERN LANE 1.3 STREET ADDRESS STREET ADORESS LAKELAND FL 1.4 CITY-ST-ZIF CHY-SI DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY ST-ZIF DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CHY-51-2IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAMÉ MAR! 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF Addition DELETE 5.1 TITLE Change THILE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST-7:P ☐ Addition DELETE Change 6.1 TITLE THLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP 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

SIGNATURE:

appears in Block 12 or Block 13

NAME STREET ADDRESS

CITY-ST-ZIP

FILED

May 08 1997 8:00am

Secretary of State