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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000067660 (9)

PRW, INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME

Principal Place of Business Mailing Address P.O. BOX 7112 P.O. BOX 7112 LAKELAND FL 33807 LAKELAND FL 33807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/23/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3201969 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. П 5. Certificate of Status Desired Fee Reguired 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country ZιD 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 ROJAS-WEISS, PURA 6332 FERN LANE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 obtions 60 Mt/02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered bith, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered coept the obligations of Section 607,0505, Florida Statutes. 11. Pursuant to the provisions of So office or registered agent. I am familia resilent SIGNATURE of registered agent and title if applicab ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE **PVTS** TITLE **ROJAS-WEISS. PURA** 1.2 NAME NAME 6332 FERN LANE 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 suppliemental 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 with an address. Block 12 or Block 13 if changed,

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

4 1 11TLF

4. 2 NAME

5.1 TATLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition

FILED

May 07 1998 8:00am

Secretary of State