

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90021 007 ***150.00

DOCUMENT # P93000076979

1. Corporation Name
PRAHA, INC.

Principal Place of Business
352 LENELL ROAD
FT. MYERS BEACH FL 33931

Mailing Address
% 1500 COLONIAL BLVD
SUITE 103
FT MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

65-0452026

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1318 Lafayette St.

Suite, Apt. #, etc.

27

City & State

28 Cape Coral, FL

Zip Country

29 33904 30

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P. JR.
1500 COLONIAL BLVD.
#103
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Thomas W. Hill

82 Street Address (P.O. Box Number is Not Acceptable)

1318 Lafayette St.

83

84 City Cape Coral

FL

85 Zip Code 33904

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

3/19/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME PASEV, SPAS

STREET ADDRESS 352 LENELL ROAD

CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE DV ☐ DELETE

NAME PASEV, HANA

STREET ADDRESS 352 LENELL ROAD

CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE V ☒ DELETE

NAME BACHER, ULRICH

STREET ADDRESS 53 POMPANO ST.

CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-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-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST
Thomas W. Hill
1318 Lafayette St.
Cape Coral, FL 33904

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-99

941-549-2444

CR2E034 (11/98)

0580647