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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUI	MENT # P930	00081	1853 (2	2)							
BOB	PRATT ENTERPRISES, IN		•	•							
Principal Place	e of Business	Mailing	Address				┪	f (EECITER) jig irige liili oojii coili oojii oo	H FOID FILL	A INITA	AATOO IIAA HOOTI
3811 NE 27 TERR 3811 NE 27 TERR)				
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT				FL 33064				DO AIOT BIDITO BUTO	O ODAO		
							-	DO NOT WRITE IN TH Date Incorporated or Qualified	5 SPACE		
							3.	11/22/1993			
2. Principal P	lace of Business	2a, Ma	ling Address				4.	FEI Number		Ap	plied For
21		26	Ü					65-0457113	F	- -	t Applicable
Suite, Apt.	#, etc.	Suil	te, Apt. #, etc.				_	Certificate of Status Desired	•	.75	Additional
22		27		·			J.,	Continuate of chalos besides	F	ee Re	quired
City & State	9	· · · · · · · · · · · · · · · ·	& State				6.	Election Campaign Financing			May Be
23	Country	28 Zip		Coun	trv		+	Trust Fund Contribution			o Fees
24	25	29		30	., у		В.	This corporation owes or has paid the Personal Property Tax due June 30.	current ye	_	angible No
271	g. Name and Address of Curr		d Agent	1001			10.	Name and Address of New Registere			1
P	RATT, ROBERT			6	31	Name					
	811 NE 27 TERR			};	12	Street Addr	OSS (F	P.O. Box Number is Not Acceptable)			
	IGHTHOUSE POINT FL 33064				_	01100171001		To Box Hambor to Not Notopiasiby			
				Įε	33						
				<u> </u>	34	City			85	Zip (Code
		500 (000			_]		-	F		·	
office or re	egistered agent, or both, in the Sta	ate of Florida. S	luch change was	s authorized	bγ	the corporati	oratio ion's l	on submits this statement for the purpose board of directors. I hereby accept the a	ppointme	ging itt ent as	s registered registered
agent. I a	m familiar with, and accept the obl	igations of, Sec	otion 607.0505, F	Florida Statu	tes	S.,					
SIGNATURE	Signature typed or printed name of registered	agent and tile if and	icable (N	Olt : Registered /	Age	nt signature requir	ed wher	n reinstating) DATE			
12.		ND DIRECTOR		13.	_			ADDITIONS/CHANGES TO OFFICERS A		CTOR	S IN 12
TITLE	D		DELETE	1.1 TITU	E				CI	nange	Addition
NAME	PRATT, ROBERT			1.2 NAM	16						
STREET ADDRESS	3811 NE 27 TERR			1.3 STRI	EET.	ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE POINT FL	13064		1.4 CITY	_	T-ZIP					T
TITLE	D		☐ DELET E	2.1 TITL		1			☐ Cf	iange	■ Addition
NAME	PRATT, ELAYNE			2.2 NAM							
STREET ADDRESS	3811 NE 27 TERR LIGHTHOUSE POINT FL	30004				ADDRESS		• '.			
CITY-ST-ZIP TITLE	USTITIOUSE FOINT FL.	NU04	☐ DELETÉ	2 4 CH1 31 THIL		51 - ZiP			CI	nanne	Addition
NAME				3.2 NAM					<u></u>	gc	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. CITY		- 1					
TITLE	<u> </u>		DELETE	4.1 TITU					☐ Ci	nange	Addition
NAME				4. 2 NAM	ИE						
STREET ADDRESS				4.3 STRE	EET .	ADDRESS					
CITY-ST-ZIP				4.4 CITY	- 51	T-ZiP					
TITLE			☐ DELETE	5.1 TITL					L C	iange	
NAME				5.2 NAM							İ
STREET ADDRESS				E .		ADDRESS					
CITY-ST-ZIP			☐ DELETE	5.4 CITY		T-ZIP			Ch		Addition
TITLE NAME			רו מנדנור	6.1 TITL 6.2 NAM					0	ចេលមួច	LL AUGILION
STREET ADDRESS				1		ADDRESS					!
OTHER PLANESS				0.3 3 Mt	. 1 3.	VIDULESS					,

14. Thereby 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.

900/97/1174

FILED

May 06 1998 8:00am

Secretary of State