## 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

## DOCUMENT # **P93000081853**1. Corporation Name

BOB PRATT ENTERPRISES, INC.

Principal Place of Business	Principal	Place of	Business
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Mailing Address

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90264 018 \*\*\*150.00



rincipal riace of business	making Madress		•			
1811 NE 27 TERR LIGHTHOUSE POINT FL 33064	3811 NE 27 TERR LIGHTHOUSE POINT FL 33064		DO NOT WRITE IN THI	C CDACE		
• . • .			3. Date Incorporated or Qualifed 11/22/1993	S SPACE		
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 65-0457113	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	- City & State -( )		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		ountry	This corporation owes the current year In Personal Property Tax.	ntangible DyYes □No		
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent			
PRATT, ROBERT 3811 NE 27 TERR LIGHTHOUSE POINT FL 33064		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
		84 City	F	L		
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	of Florida. Such change was authorize	ed by the corporatio	oration submits this statement for the purpose on n's board of directors. I hereby accept the app	of changing its registered ointment as registered		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12			
TITLE	D	DELETE	1,1 TITLE	The second secon	☐ Change	Addition			
NAME	PRATT, ROBERT	-	1.2 NAME		•	ļ			
STREET ADDRESS	3811 NE 27 TERR		1.3 STREET ADDRESS		•	i			
CITY-ST-ZIP	LIGHTHOUSE POINT I	FL 33064	1,4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition			
NAME	Pratt, Elayne		2.2 NAME			ļ			
STREET ADDRESS	3811 NE 27 TERR		2.3 STREET ADDRESS						
CITY-ST-ZIP	LIGHTHOUSE POINT	FL 33064	2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE		☐ Change	Addition			
NAME			3.2 NAME			}			
STREET ADDRESS	•		3.3 STREET ADDRESS		•				
CTTY-ST-ZIP	_		3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition			
NAME			4. 2 NAME			j			
STREET ADDRESS			4.3 STREET ADDRESS			1			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME .			5.2 NAME						
STREET ADDRESS	,		5.3 STREET ADDRESS			į			
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME	'		6.2 NAME			}			
STREET ADDRESS			6.3 STREET ADDRESS			)			
CITY-ST-ZIP			6.4 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 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.