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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000025660 (9)

JEFF PRUCE AND ASSOCIATES, INC

Principal Place 6215 N VINEU ORLANDO FL US	AND ROAD	5215 N APO VINELAND I	Mailing Address 5215 N APOPKA VINELAND ROAD ORLANDO FL 32818-8436			—-							
<del>""</del>			US				3. Date Incorporated or Qualified 03/31/1994 3a. Date of Last Report 03/25/1996						
2. Principal P	lace of Busino	ISS	2a. Mailing 26	2a. Mailing Address 26			4. FEI Number Applied For 59-3231993 Not Applied For						
Sulte, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & Stat	0		City & 5	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	2	Country 5	7ip		Cou <b>30</b>	ntry		8. This corporation has liability Florida Statutes		ble tax un	der s.	199.032,	
	9. Name and Address of Current Registered Agent							10. Name and Address of New	Registere	ad Agent			
PRU	PRUCE, JEFFREY						Name						
5215 N APOPKA VINELAND ROAD ORLANDO FL 32818						82	Out and A state						
						62	Street Addr	ess (P.O. Box Number is Not Acce	nable)				
						83							
						84	City		<b>=</b>	L  85	Zip Co	ode	
11. Pursuant office or r agent. I a SIGNATURE	ım familiar with	i, and accept the o	0502 and 607,1508, tate of Florida. Such obligations of Section	607.0605, Fic	orida Stat	ules	S.	oration submits this statement for the on's board of directors. I hereby ac		of chang appointme	ing its nt as re	registere egistered	
12.		<del> </del>	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF			CLORS	IN 12	
TITLE	DPST			DELETE	1 1 TIT	LE				Ch		Additio	
NAME	PRUCE, JE	FFREY			1.2 NA	ME				-	-	-	
STREET ADDRESS	5215 N AP Orlando	opka vineland ei	ROAD				ADDRESS						
CITY-ST-ZIP	OHEARDO	· · · · · · · · · · · · · · · · · · ·		D becese	1.4 CH		1 - ZIP						
TITLE				☐ DELETE	2.1 TIT					☐ Ch	ange	Additio	
NAME					2 2 NA								
STREET ADDRESS					2.3 ST	REE1.	ADDRESS						
CITY-ST-ZIP					2. 4 CI	TY-S	1 - ZIP		<del>_</del>				
TITLE				DELETE	3.1 1/1	l <del>f</del>			4.	☐ Ch	ange	Additio	

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 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 opporation or true-leceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 it chapted, of or an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CHY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-7IP

3.4. CITY - \$1 - 7IP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CHATUPE SAME RUCKET DEST

1/2/2 407-299

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State