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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000049096**

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90097 045 ***150.00

	n Name												
PROHASKA ENTERPRISES, INC.													
]					
Principal Place	e of Business		M	lailing Address					4 IMBERMAS LED SOSEI MEDES ARRES AI	F)			(O B)() (GB)
489 WILSON AV	VE.		48	9 WILSON AVE.									
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937								DO NOT WRITE IN THIS SPACE					
		•						-	Date Incorporated or Qualifed		SIACE		
								3.	07/01/1994				
2. Principal Pl	2. Principal Place of Business 2a. Mailing Address							4.	FEI Number	- 		Applie	ed For
21	· _		26						<u>59-3246245</u>			Not A	pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.7 Fee	5 Add Requ	
City & State	te ·		(21)	City & State				6	Election Campaign Financing		\$5.0)0 Ma	av Ro
23		•	28					"	Trust Fund Contribution	· 🗆 · · · · ·		ed to F	7
Zip		Country	1-9,	Zip	Cou	intry		8.	This corporation owes the curr	rent year In	tangible		
24	[:	25	29		30			İ	Personal Property Tax.		Yes		No
	9. Name	and Address of Curr	ent Regis	stered Agent				10.	Name and Address of New I	Registered	Agent		
						81	Name						
	HASKA, JO					82	Street Add	dress (P	.O. Box Number is Not Accept	able)			
489 WILSON AVE. SATELLITE BEACH FL 32937						83				<u> </u>			
								_					
		•				84	City			FL	- '	ip Coo	Ţ
11. Pursuant	to the provisi	ons of Sections 607.0	502 and 6	607.1508, Florida Statu	ites, the a	bove	-named cor	rporation	submits this statement for the	purpose of	changing	its re	gistered
office or re agent. I a	registered age ım familiar wit	ent, or both, in the Stat th, and accept the oblig	e of Fiori gations of	ida. Such change was f, Section 607.0505, Fl	autnorized Iorida Stati	utes.	ine corpora	IUON S DO	and of directors. I hereby acce	br rue appo	ilitiliciit as	regis	16160
SIGNATURE													
<u></u>	Signature, typed	or printed name of registered a	gent and title	if applicable. (NOT	F: Registered	Agent	t signature requi	ired when re	einstating)	DATE			
12.				_ 						CIOCOC AI	UD DIDEC	TAGG	2 IN 42
	00	OFFICERS A	AND DIRE	ECTORS	13.			-	ADDITIONS/CHANGES TO OF	FICERS A			
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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 truetee 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 atdress, with all other like empowered.

SIGNATURE:

wenat*unews* the desired ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR