

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000057872 (1)

1. Corporation Name

PREZCO INC.



Principal Place of Business

6650 SOUTH US-1
PORT ST. LUCIE FL 34983

Mailing Address

6650 SOUTH US-1
PORT ST. LUCIE FL 34983

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

PREZIUSO, PAUL A
644 NE LARKSPUR LANE
PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified

08/04/1994

3a. Date of Last Report

05/25/1995

4. FET Number

65-0507058

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

PAUL A. Preziuso

(NOTE: Registered Agent's signature is required for this filing.)

4-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
PREZIUSO, PAUL A
STREET ADDRESS
644 NE LARKSPUR LANE
CITY-STATE-ZIP
PORT ST LUCIE FL

TITLE ☐ DELETE

NAME
V
PREZIUSO, PAUL G
STREET ADDRESS
786 NE JORDAN TERRACE
CITY-STATE-ZIP
PORT ST LUCIE FL

TITLE ☒ DELETE

NAME
T
LOZOWSKI, KIM
STREET ADDRESS
644 NE LARKSPUR LANE
CITY-STATE-ZIP
PORT ST LUCIE FL

TITLE ☐ DELETE

NAME
S
PREZIUSO, ANGELA
STREET ADDRESS
786 NE JORDAN TERRACE
CITY-STATE-ZIP
PORT ST LUCIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Kim A. Preziuso

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Paul A. Preziuso

Paul A. Preziuso

4-1-96

407-461-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Signature Print Name)

CR2E034 (12/95)