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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000057872 (1)

FILED Apr 21 1998 8:00am Secretary of State

PREZCO INC. Principal Place of Business Mailing Address 6650 SOUTH US-1 6650 SOUTH US-1 PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0507058 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PREZNUSO, PAUL A **644 NE LARKSPUR LANE** 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34983 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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** Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DECETE Channe TITLE 1.1 THLE NAME PREZIUSO, PAUL A 1.2 NAME STREET ADDRESS **644 NE LARKSPUR LANE** 1.3 STREET ADDRESS PORT ST LUCIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PREZIUSO, PAUL G NAME 2.2 NAME 786 NE JORDAN TERRACE STREET ADDRESS 23 STREET ADDRESS PORT ST LUCIE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PREZIUSO, KIM A 3.2 NAME NAME **644 NE LARKSPUR LANE** STREET ADDRESS 3.3 STREET ADDRESS PORT ST LUCIE FL 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE PREZIUSO, ANGELA NAMÉ 4. 2 NAME **786 NE JORDAN TERRACE** STREET ADDRESS 4.3 STREET ADDRESS PORT ST LUCIE FL CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition 5.1 UTLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITI F 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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 13 if change(i) or on an attachment with an address.

11/100 -11/11/01