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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P94000078735 (	5)

1. Corporation Name

PRATT MANAGEMENT COMPANY, INC.

Principal Place	of Phylippes		iling Address						
1080 WITHLACOOCHEE STREET 1080 W			080 WITHLACOOCHE						
			AFETY HARBOR FL 34695			3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995			
						10/24/1894 4. FEI Number			
2. Principal Pla 21	ace of Business	2a. 26	Mailing Address			59-3274921			Applied For Not Applicable
Suite, Apt.	#. etc.	201	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired		Fee	Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May		
23	T. Comba	28	Z.a.	Cou	ote:	Trust Fund Contribution  8. This corporation has liability for	intonnible to		d to Fees
Zip 24	Country 25	29	Zφ	30	itiy		No Karagiona	COLLOGIS	199.006,
71	9. Name and Address of Currer		ered Agent			10. Name and Address of New F	legistered A	gent	
					81 Name				
	, THOMAS L				82 Street Addr	ess (P.O. Box Number is Not Acceptate	ile,		
	VITHLACOOCHEE STREET					AND			
SAFETY	Y HARBOR FL 34695				83				
					84 City		FL	85 Zi	p Code
SIGNATURE	Signature, typed or printer nume or registered aguin OFFICERS AN			OTE: Registeren	Agent signature required	ishic construgi ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12
TITLE	P		[] DELETE	1 1 1	11, F		Carrier of the contract of		Addition
NAME	PRATT, THOMAS L			1.2 N/	ME				
STREET ACORESS	1080 WITHLACOOCHEE STI	reet		1 3 ST	REET ADDRESS				
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STREET ADDRESS					TREET ADDRESS				
CITY - ST - ZIP	L. Codilla Maria Maria Maria Maria	iel. elsin	filmer je ved mtodi i fil	640	does not outliful	for the exemption stated in Section 119	) 07(3)(k) Elo	rida Stati	ites Uturther
certify that	at the information instructed on this one	iual repoi oralior lo	t or supplemental an : The receiver or trust	nual report. .ae.empowe	is true and accura	ate and that my signature shall have the is report as required by Chapter 607, F	t same legal.	eneci as	n made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS L. PRATT 4/30/91 813/721-1012

District And Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Printed P