

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005121 (5)

1. Corporation Name

PRODA CORP.



Principal Place of Business

Mailing Address

3400 S TAMiami TRAIL
SUITE 303
SARASOTA FL 34239

3400 S TAMiami TRAIL
SUITE 303
SARASOTA FL 34239

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2043 ARLington St

26 2043 ARLington St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Sarasota FL

28 Sarasota FL

Zip

Country

Zip

Country

24 34239

25 USA

29 34239

30 USA

5. Certificate of Status Desired ☐

Applied for
Not Applicable
\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAENSCH, PETER J
3400 S TAMiami TRAIL
SUITE 303
SARASOTA FL 34239

81 Name

SADJAN PRODANOVICH

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

2043 ARLington St

83

84 City

Sarasota

FL

85 Zip Code

34239

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

Srdan Prodanovic, SRDJAN PRODANOVICH / PRESIDENT

6-5-96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D,P
NAME PRODANOVICH, SRJAN
STREET ADDRESS 4440 FRUITVILLE RD
CITY-ST-ZIP SARASOTA FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE D,P
12 NAME PRODANOVICH, SADJAN
13 STREET ADDRESS 2043 ARLington St
14 CITY-ST-ZIP Sarasota FL 34239

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Srdan Prodanovic, SRDJAN PRODANOVICH

6-5-96

(941)362-9285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)