## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🖐

Secretary of State DIVISION OF CORPORATIONS

1997

P96000014000 (9)

PREVANS, INC.

DOCUMENT #

Principal Place of Business	Mailing Address		
19308 N.W. 13TH STREET PEMBROKE PINES FL 33029	19306 N.W. 13TH STREET PEMBROKE PINES FL 33029-3207		

**FILED** Feb 18 1997 8:00am Secretary of State



18306 N.W. 13TH STREET PEMBROKE PINES FL 33029		19306 N.W. 13TH STREET PEMBROKE PINES FL 33029-3207				
				3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last F	leport
	Place of Business	2a. Mailing Address		4. FENUMBER 06925/66	\ <del>  </del>	pplied For
Suite, Apt	# ctr	Suite, Apt #, etc.		0,-001-7-0		ot Applicable Additional
22	Ψ, CIC.	27		5. Certificate of Status Desired		equired
City & Sta	ite	City & State		Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 29	Country	This corporation has liability for i     Florida Statutes	ntangible tax under s Yes 🔲 No	3. 199.032,
	9, Name and Address of Cur			10. Name and Address of New Re		
PRI	ISKIE, JEFFREY		81 Name			
193	306 N.W. 13TH STREET MBROKE PINES FL 33029		82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	<del></del>
, , ,			83			
			84 City		FL 85 Zip	Code
11. Pursuant	t to the provisions of Sections 607.	0502 and 607.1608, Florida Statutes	s, the above-named co	propration submits this statement for the p	urnoce of changing i	its registered
office or agent. Li	registered agent, or both, in the S am familiar with, and accept the ol	tate of Florida. Such change was au oligations of, Section 607.0505, Flor	ithorized by the corpor ida Statutes.	ration's board of directors. I hereby accep	it the appointment as	registered
SIGNATURE						
	Signature typed or printed name of registered		Registerad Agent signature req		DAYE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
TOTLE	D DOIGHT IEEEDEA	☐ DELETE	1.1 TITLE		CT cusurile	Addition
NAME	PRISKIE, JEFFREY 19306 N.W. 13TH STREET		1.2 NAME			
STREET ADDRESS	PEMBROKE PINES FL 3302	20	1.3 STREET ADDRESS			
CITY - S1 - ZIF TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
NAME	EVANS, LISA	hand State In	2.2 NAME			
STREET ADDRESS	JANAS ALIAL JATLI STREET		2.3 STREET ADDRESS			
Cily-St-ZiP	PEMBROKE PINES FL 3302		2.4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE	. Dr	Change	Addition
NAME	4		3.2 NAME		*	
STREET ADDRESS	;		3.3 STREET ADDRESS			
CITY-SI-7P			3 4. C/TY+ST-Z/P			
THILE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS	3		4.3 STREET ADDRESS			
CITY- ST - ZIP			4.4 CITY-ST-ZIP			
TITLE			5.1 THTLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	5		5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	5		6.3 STREET ADDRESS	•		
CITY-ST-ZIP			6.4 CITY+ST+ZIP			

14. I do 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 of 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 corpor floring for the regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the appears in Block 12 or Block 13

SIGNATURE: