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

**PROFIT CORPORATION** ANNUAL REPORT

1997

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address

MO COMMENTAL MARKER KINGHPAPAGE



FLORIDA DEPARTMENT OF STATE Sandra B. Moftham

**FILED** 

Jun 05 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000062765 (8)

PRUCNELL ENTERPRISES, INC.

Principal Place of Business Mailing Address 795 COUNTY ROAD 1. SUITE 18 POST OFFICE BOX 1644 PALM HARBOR FL 84683 PALM HARBOR FL 34882-1644 3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For *59-3395919* Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 **Trust Fund Contribution** Added to Fees 23 Country Zip Country Ζφ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED trucne l' 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 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 anti) could be supported agent. I am familiar with anti) could be supported agent. I am familiar with anti) could be supported agent. I am familiar with anti) could be supported agent. I am familiar with a supported agent with a supported agent. I am familiar with a supported agent. I am familiar with a supported agent with a supported agent. I am familiar with a supported agent with a supported agent. I am familiar with a supported agent with a supported agent with a supported agent. I am familiar with a supported agent with Ruchell પી\ ૪૦ **SIGNATURE** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 ☐ DELET**É** Change Addition PSTD 1.1 TITLE TITLE PRUCNELL, MARK K 1.2 NAME NAME 795 COUNTRY ROAD 1, SUITE 18 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 IIILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP ■ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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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 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