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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000068711 (6)

PRESCOTT, INC.

FILED Jan 29 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | ABIN BIND (811) 1888 | I IIMAL IIMA IMAL | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------------------------|-------------------|-----------------|
| 7768 HARLIE STREET 7768 HARLIE STREET | | | | | | | | |
| ORLANDO F | L 32819 | ORLANDO FL 32819 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified | THOOFACE | |
| | | | | | | 08/15/1996 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | 26 | | | 59-3401202 | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | \$8.75 | Additional |
| 22 | | 27 | | | | b. Certificate of Status Desired | Fee | Required |
| City & State | | City & State | } | | | 6. Election Campaign Financing | | 0 May Be |
| 23 | | ······································ | 28 | | | Trust Fund Contribution Added to Fees | | |
| Zip | | | | · · · · · · · · · · · · · · · · · · · | | 8. This corporation owes or has paid | · — · — · | |
| 24 | 25 9. Name and Address of Cure | 29 29 Agent | 30 | 30 | | Personal Property Tax due June 30 10. Name and Address of New Regis | | L NO |
| Dr | OOLE, WILLIAM F IV | - Andrew Agent | | 81 | Name | 10, Halife and Padroos of How Hogic | , to to regular | |
| 644 WEST COLONIAL DRIVE | | | | | | | | |
| | RLANDO FL 32804 | | 82 Street Ad | | dress (P.O. Box Number is Not Acceptable) |) | | |
| O | ADMINO I E OROM | | 83 | | | | | |
| 1 | | | | | - | | | |
| | | | | 84 | City | | FL 85 21 | p Code |
| 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 registerer | | | | | | | | |
| 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 harne of registered agent and lete if applicable (NOTE: Re | | | | д Ад еі | nt signature requ | , <u> </u> | DATE | |
| 12. | | | | 13. | | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTO | |
| NAME | W. A. D. | | | | | | | E MODILION |
| STREET ADDRESS | 7768 HARLIE STREET | | 1.2 NAME 1.3 STREFT ADDRESS | | Abnuece | | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY - ST- ZIP | | | | | |
| TITLE | 0,10,000,00 | | | 2.1 TITLE | | | ☐ Change | e Addition |
| NAME | | | 2.2 NA | AME | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CI | 2. 4 CITY - ST - ZIP | | | | |
| TITLE | | ☐ DELETE | TE 3.1 TITLE | | | | Change | e Addition |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 1-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | ☐ Change | e Addition |
| NAME | _ | | 4. 2 N/ | | | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 4.4 CITY - 5 5.1 TITLE | | I - ZIP | | Change | e Addition |
| NAME | | | 5.1 NA | | | | L. Glange | |
| STREET ADDRESS | | | | | Address | | | |
| CITY-ST-ZIP | | | | ncci) TY-ST | | | | |
| TITLE | | | 61 TH | | 4.11 | | Change | Addition |
| NAME | • | | 6.2 NA | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CI | | | | | |
| | | | | | | A | | |

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

1-20-98 407-363-2492