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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070254 (2)

PREPAID INDUSTRIES, INC.

## **FILED** Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										88118 (1881 8	
ì '		Mailing Address							. == *: ** ***		<del></del>
	IYNE BLVD., SUITE 424	20801 BISCAYNE BLVD: AVENTURA FL 33180	SUITE 42	4							
AVENTURA FL 33180 AVENTURA FL 33180						DO NOT WRITE IN THIS SPACE					
							٠.	ed or Qualified			
						08/12/1					· · · · · · · · · · · · · · · · · · ·
· '	Place of Business	_ <del> </del>	2a. Mailing Address			4. FEI Number 65 0773740				Applied For	
21	H	26 Suite Apl # ste			16-3 D	1_	<u>(                                    </u>			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate	of St	atus Desired			Additional equired
City & Stat	e	City & State				€ Election Co		ian Einenalna			
23			28			6. Election Ca Trust Fund					May Be to Fees
Zip	Country	Zip	Cou	ntry				owes or has pa	aid the curr		
24	25	29	30					ty Tax due June			No
	9. Name and Address of Curre	ent Registered Agent				10. Name and	Add	ress of New Re	gistered A	gent	
W/	ALTZER, CRAIG A			BI	Name						
20801 BISCAYNE BLVD., SUITE 424				82	Street Addr	ress (P.O. Box Nur	mber	is Not Acceptat	ole)		
AVENTURA FL 33180			-	83	<del></del>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
			Į		0:					1	
				64	City				FL		Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607, 1508, Florida Statute	s, the ab	ove	named corp	poration submits the	iis sta	atement for the p	ourpose of	changing i	ts registered
agent I a	registered agent, or both, in the Stat im familiar with and accopt the obli	gations of, Section 607.0505, Flor	ida Statu	utes.	rie corporati	ion's board or dire	Olor	s. Thereby accep	perio appo	iouncii as	registered
SIGNATURE										·	
Signature, typed or printed name of registered agent and wife if appricable. (NOTE: F  12. OFFICERS AND DIRECTORS				Agen	it signature require	red when reinstating)		NGES TO OFFIC	DATE CERS AND	DIRECTOR	25 INI 20
TITLE	P	OFFICERS AND DIRECTORS 1  P DELETE 1.			1	7,001110140,	01 17 1	rideo To OTTR		Change	Addition
NAME	The state of the s			ME	Ì				•	<b>v</b>	
STREET ADDRESS	20801 BISCAYNE BLVD., SI	JITE 424	4		ADDRESS						
CITY-ST-ZIP		1.4 CITY - ST - ZIP									
TITLE				2.1 TITLE					1	Change	Addition
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREET ADDRESS							
CITY-ST-ZIP	•		2 4 C/TY - ST - Z/P								
TITLE	DELETE			Lŧ						Change	Addition
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STREET ADDRESS			3.3 STF	REET A	ADDRESS :						
CITY-ST-ZIP				1Y-S1	- ZIP						
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TITLE		DELETE.	5.17171		-				L	Change	Addition
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CITY-ST-ZIP		T RECEIPT	5.4 CH	••••	- ZIP					7	
TITLE		☐ DELETE	6.1 111						l	Change	☐ Addition
NAME			6.2 NAI								ļ
STREET ADDRESS					DURESS						Ì
CITY ST. 7ID			BA CIT	V. CT.	. 7ID						

14. 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

SIGNATURE:

01/06 198 (454/227-2220