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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073428

1. Corporation Name
PRAN, INC.

Principal Place of Business
**635 N.W. MORELAND DR.
ORLANDO FL 32805**

Mailing Address
**635 N.W. MORELAND DR.
ORLANDO FL 32805**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

59-3464095

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4751 PALM ST

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

City & State

23 ORLANDO FLORIDA

27

City & State

24

Zip

32805

25

Country

U.S.A.

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**PATEL, BHAVNA
635 N.W. MORELAND DR.
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name BHAVNA PATEL

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

4751 PALM ST

83

84 City ORLANDO

FL

85 Zip Code 32805

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

[Signature]

PSTD

[Signature]

BHAVNA PATEL

3.5.99

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **PATEL, BHAVNA**
STREET ADDRESS **8905 ROYAL BIRKDALE LANE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **VD** ☐ DELETE
NAME **PATEL, PRETESH**
STREET ADDRESS **1332 WOODHILL PARKWAY DRIVE. #1223**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

BHAVNA PATEL

3.5.99

(407) 578-5415

CR2E034 (11/98)