

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90163 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000083606

1. Corporation Name

PRUIBA SYSTEMS INSTALLATION, INC.

Principal Place of Business

9645 SADDLEBROOK DRIVE  
BOCA RATON FL 33496  
US

Mailing Address

9645 SADDLEBROOK DRIVE  
BOCA RATON FL 33496  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

65-0783978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 AS6 SW 14 CT

Suite, Apt. #, etc.

2a. Mailing Address

26 AS6 SW 14 CT

Suite, Apt. #, etc.

City & State

23 POMPANO BEACH, FL

Zip

Country

24 33060 25 USA

City & State

28 POMPANO BEACH, FL

Zip

Country

29 33060 30 USA

9. Name and Address of Current Registered Agent

CONNOR, JOHN M  
9645 SADDLEBROOK DRIVE  
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

JOHN M CONNOR

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

AS6 SW 14 CT

83

84 City

POMPANO BEACH

FL

85 Zip Code

33060

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

*John M Connor*  
Signature typed or printed name of registered agent and title, if applicable.

JOHN M CONNOR PRESIDENT

1/26/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CONNOR, JOHN M  
STREET ADDRESS 9645 SADDLEBROOK DRIVE  
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T  
1.2 NAME CONNOR, JOHN M  
1.3 STREET ADDRESS AS6 SW 14 CT  
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33060

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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:

*John M Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M CONNOR 1/26/99 954-415-8585

Date

Daytime Phone #

CR2E034 (11/98)