

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # P97000098896 (8)

1. Corporation Name
PRASARA TECHNOLOGIES, INC.

Principal Place of Business
200 WEST SWEETWATER CREEK DRIVE
LONGWOOD FL 32779

Mailing Address
200 WEST SWEETWATER CREEK DRIVE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/20/1997

4. FEI Number
59-3482454

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 931 WEKIVA SPRINGS RD
Suite, Apt. #, etc.

2a. Mailing Address

26 931 WEKIVA SPRINGS RD
Suite, Apt. #, etc.

City & State

23 LONGWOOD, FL
Zip Country

City & State

28 LONGWOOD, FL
Zip Country

24 32779 25 USA

29 32779 30 USA

9. Name and Address of Current Registered Agent

HARRIS, MARSHALL S
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MONTGOMERY, ROBERT A
STREET ADDRESS 200 WEST SWEETWATER CREEK DRIVE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ DELETE

TITLE D
NAME RAO, PRAVEEN
STREET ADDRESS 200 WEST SWEETWATER CREEK DRIVE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ DELETE

TITLE D
NAME WILCOX, SCOTT G
STREET ADDRESS 200 WEST SWEETWATER CREEK DRIVE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 931 WEKIVA SPRINGS RD.
1.4 CITY-ST-ZIP LONGWOOD FL 32779

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 931 WEKIVA SPRINGS RD.
2.4 CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 931 WEKIVA SPRINGS RD.
3.4 CITY-ST-ZIP LONGWOOD FL 32779

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.

SIGNATURE:

[Signature]

7/16/98 407-774-1553 X-102

CR2E034 (5/98)