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

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90020 005 ***150.00

DOCUMENT # P98000064822

1. Corporation Name

PRN CLUB SERVICES II, INC.

Principal Place of Business

Mailing Address

2455 SUNRISE BLVD. STE 1102 FORT LAUDERDALE FL 33304

ONE E BROWARD BLVD. STE 1300 FORT LAUDERDALE FL 33301

|--|--|

				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		
					07/23/1998		
2 Principal P	lace of Business	2a. Mailing Address			4 FEI Number	Ap	plied For
うつじゅ	SS E-Sunaiselle		ىق.	se Bhi	0 65-0853221	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			_	\$8.75	Additional
JUN HE	PLOOR	27 10# PLO	9-		5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
City & State	LAND ERDALE FI		144a	LE FI	Trust Fund Contribution	•	to Fees
23 7 1 ~		Zip	Cou	ntry	8. This corporation owes the current year	Intendible	
¬ ^{∠៲ϼ} ┻╱╸ͻ	Country C	<u> </u>		211	Personal Property Tax.	Yes	□No
24 25	XU7 25		<u>U</u>	<u>رب</u>	10. Name and Address of New Register		
	9. Name and Address of Current I	Registered Agent		81 Name	TO, Italia and Address of Italia (togistes)		
INITE	ACTATE DECISTEDED ACENT CO	DOODATION		OI Hame			
	ASTATE REGISTERED AGENT CO	RECHATION		82 Street	Address (P.O. Box Number is Not Acceptable)		
	BRICKELL AVE, STE 3000						
MIAN	WI FL 33131			83			
	• •			84 City		. 85 Zip	Code
				O4 City	· F	L CO	0000
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the a	pove-named	corporation submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State of	i Florida. Such change was auti	norized	l by the corpo	pration's board of directors. I hereby accept the ap	pointment as re	gistered
agent. i a	m familiar with, and accept the obligation	ins of, Section 607.0505, Florid	ia Stati	nes.			
SIGNATURE					equired when reinstating) DATE		
	Signature, typed or printed name of registered agent a		<u> </u>	Agent signature r	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS AND		13.			Change	Addition
TITLE	D	☐ DELETE	1.1 🎹		PSID	Z Grange	
NAME	FEDER, STEVEN L		1.2 N	ME		. D	
STREET ADDRESS	2455 SUNRISE BLVD, STE 1102		1.3 ST	REET ADDRESS	2455 E. SULAISE BLUD, 104	rioug	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		1,4 CI	TY-ST-ZIP			
TITLE	D	☐ DELETE	2,1 TI	TLE.		Change	☐ Addition
NAME.	STOLZ, PETER		2.2 N	ME			
STREET ADDRESS			· 23 S	REET ADDRESS	2455 2. Suresse Blues 19	Ploon	
	_ · · · · · · · · · · · · · · · · · · ·			TY-ST-ZIP			~
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	- DELETE	3.1 TI			☐ Change	Addition
TITLE	<u>{</u>	. Chercie	1		•		~
NAME]		3.2 N				
STREET ADDRESS			3.3 S T	REET ADDRESS	· ·		
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change	☐ Addition
NAME	}		4.2N	AME			
STREET ADDRESS	.]		4.3 ST	REET ADDRESS	\$ 4.5 \$ 2.5		
CITY-ST-ZIP	}		4.4 CI	TY-ST-ZIP			
TITLE	 	☐ DELETE	5.1 Π			Change	Addition
	1		5.2 N	=		-	
NAME				TREET ADDRESS			
STREET ADDRESS	1						
CITY-ST-ZIP		 _		TY-ST-ZIP		Chan-	Addition
TITLE		□ D€LETE	6.1 TI			Change	T Addidor
NAME			6.2 N	₩E			
	I .		1				
STREET ADDRESS			6.3 ST	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	5			REET ADDRESS TY-ST-ZIP			

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 supplied that must 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 region of 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 affectment with an address, with all other like empowered.

SIGNATURE: