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

PROFIT

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Mar 25 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S47538 (1)PROAA ENTERPRISES, INC. Principal Place of Business Mailing Address SANDSTONE APTS. P.O. BOX 196925 4500 BILVER STAR ROAD ORLANDO YEL 32808 WINTER SPRING FL 32719-6925 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 70 CURRENT
2. Principal Place of Busines <u>04/23/1991</u> Business 4. FEI Number Mailing Address Applied For Not Applicable 59-3067591 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LORIE, PELAYO R. 716 W. PINEWOOD CT. 82 Street Address (P.O. Box Number is Not Acceptable) **LAKE MARY FL 32748** City Zip Code 85 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 beth, 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. telayo OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ___ Change Addition TITLE 1.1 TITLE NAME LORIE, PELAYO R. 1.2 NAME CR2E034 716 W. PINEWOOD CT STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME DE LORIE GUEITS, ANA 2.2 NAME STREET ADDRESS 716 W. PINEWOOD CT 2.3 STREET ADDRESS LAKE MARY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 T(TLF LORIE, ORLANDO R NAME 3.2 NAME 716 W PINEWOOD CT STREET ADDRESS 3.3 STREET ADORESS LAKE MARY FL CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5 4 CITY-ST-ZIP DELETE Channe Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 63 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 precise or trustoe ampowered 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 an auttrichment with an address.

FLORIDA DEPARTMENT OF STATE

FILED

3/18/98 407-324-4289