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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

S53195

(1)

PRUETT PROPERTIES INC.							
Principa! Place o	of Business	Mailing Address				IOI DIAN DIBIR BION DIA	
2812 DAWLEY ST. ORLANDO FL 32806 2812 DAWLEY ST. ORLANDO FL 32806							
					3. Date Incorporated or Qualified 05/15/1991	3a. Date of Last 04/26/	
2. Principal Place of Business		2a. Mailing Address	a. Mailing Address		4. FE! Number Apolied		Applied For
1		26	6		52-1751733	Not Applicable	
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired		5 Additional
City & State		City & State				Fee	Required
olty a blate		28			6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for i	Add	ed to Fees
1	25	29	30		Florida Statutes Yes		8 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
			61	Name			
	, STEVE		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	WLEY ST			······································		<u> </u>	
ORLANI	00 FL 32806		83				
			84	City		 85 Z	Ip Code
1. Pursuant to	the provisions of Sections 607 050	2 and 607 1508 Florida Sta	atutos the eboue pe	med server	ation submits this statement for the pur	FL "'	
or registeret	d agent, or both, in the State of Flor , and accept the obligations of, Sec	iua. Such change was autho	orized by the corpor	ration's boar	ation submits this statement for the puri d of directors. I hereby accept the appo	pose of changing its pintment as registere	registered offici d agent. I am
BIGNATURE	, tind accept the deligations of, Geo	tion 607.0300, Florida State	nes.				
	grature, typed or printed name of registered ager		(NOTE: Registered Agent s	signature required	· · · · · · · · · · · · · · · · · · ·	DATE	
IELE	D OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		
AME	PRUETT, GENE E.	becer	1.2 NAME			Change	Addition
REET ADDRESS	623 N. LAKE VIEW AVE		1.3 STREET AL	nnaree			
ITY-S1-ZIP	WINTER GARDEN FL		14 CITY- SI-				
T.E	V	☐ DELETE	2 1 1HTLE	<u></u>		Change	Addition
AME .	PRUETT, GREGORY L.		2 2 NAME			_	
TREET ADDRESS	204 CAPRON RD		2 3 STREET AG	DDRESS			
ITY - ST - 71P	COCOA FL		2.4 CITY - ST -	ZIP			
ITLE	T	☐ DELETE	3. 1 TITLE			☐ Change	Addition
AME	PRUETT, STEVEN D.		3.2 NAME				
PREFT ADDRESS	2812 DAWLEY ST.		3.3 STREET A	DORESS			
TY-ST-ZIP	ORLANDO FL	CO DOLLAR	3 4 CITY - ST -	ZIP			
ili	S DDIETT CECILIA C	DELETE	4. 1 TITLE			Change	☐ Addition
AMÉ	PRUETT, CECILIA C. 623 N. LAKE VIEW AVE.		4.2 NAME				
TREET ADORESS	WINTER GARDEN FL		4.3 STREET AC				
TY+\$1-ZIP TLF	WHITEH WANDER I'L	DELETE	4.4 CHY-ST- 5.1 TITLE	ZIP		[7 Aba	☐ (Addition
AME		Dottele	5.2 NAME			☐ Change	☐ Addition
TREET ADORESS			53 STREET AC	nneres			
DY-SI-ZIP			5.4 DITY-ST				
TLE		DELETE	6. 1 TITLE			Change	Addition
AME			6.2 NAME	ĺ			
IREET ADDRESS			6.3 STREET AD	DRESS			
ITY-ST-ZIP			6.4 C(TY - ST -)	ZIP			
Corting triat ti	certify that the information supplied ne information indicated on this annum an officer or director of the corpo flock 12 or Block 13 if changed, or	Jai report of supplierriental a	innual report is true :	and accurat	or the exemption stated in Section 119.0 e and that my signature shall have the section 12.0 chapter 607. Floring the chapter 607.	cama legal offect ac-	if made under

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 894-4949 Daytime Phone #