

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 27 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001467217
-04/27/95--01102--001
2400.00 *200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1991	3a. Date of Last Report 04/25/1994
4. FEI Number 65-0276317	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

DOCUMENT # **S64324** (4)

1. Corporation Name

PROWAY OPERATING COMPANY, INC.

Principal Place of Business 1489 W. PALMETTO PARK ROAD 492 BOCA RATON FL 33486	Mailing Address 1489 W. PALMETTO PARK ROAD 492 BOCA RATON FL 33486
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

**GOTTUEB, BRUCE M
125 NORTH 46 AVENUE
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	OLIVERI, ANGELO
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, #492
CITY, ST, ZIP	BOCA RATON FL

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	☐ 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

APR 17/95

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo Oliveri

4/17/95 407-750-4477