Apr 16, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

. Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business C/O PRIME MANAGEMENT GROUP, INC. SOO PRIN OF COMMERCE BLVD BOCA RATON FI, 33487 IS Principal Place of Business Za. Melling Address Za. Melling Address Dis US Sulfa, Apt. 8, etc. Sulf	 Corporation 	MENT # 738018 DI ASSOCIATION, INC.						
COP PRIME MANAGEMENT GROUP, INC. CORD PRIM OF COUMERCE BLVD BOCA RATON FL 33487 12 22 23 24 30 24 30 25 30 26 30 27 30 30 30 30 30 30 30 30 30 3	Principal Place of Business Mailing Address					· ·		
Sulfa, Apt. #, etc.	C/O PRIME MANAGEMENT GROUP. INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487		C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487					
Sultie, Apt. #, etc.	 1	ace of Business				l ·		
City & State City & State City & Cit	Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For	1	
Zip Country Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be Added to Fees	City & State		City & State			5 Conficence of Status Desired \$8.75 Additional		
SWATT, MYRON 8300 PK OF COMMERCE BLVD BOCA RATON FL 33487 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE DELETE 1.1 TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS 13. TITLE PD Change Addition Change Addition CHY-ST-ZP DELRAY BEACH FL 14 GTY-ST-ZP DELRAY BEACH FL 14 GTY-ST-ZP DELRAY BEACH FL 15 TITLE TITLE TO CHANGE 12 NAME STREET ADDRESS 39. MONACO I 30. STREET ADDRESS 30. MONACO I 30. STREET ADDRESS 30. STREET ADDRESS 30. MONACO I 30. STREET ADDRESS 30. STREET ADDRESS 30. MONACO I 31. TITLE CHY-ST-ZP CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE TO CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CHANGE ADDITIO	Zip	Country Zip						
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830 PK OF COMMERCE BLVD BOCA RATON FL 33487 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Typed or printed runns of registered agent and title 8 approachs. PD D DELETE 1.1 TITLE PD D DELETE 1.1 TITLE PD DELETE 1.2 NAME RUSNAK, ALEXANDER 1.2 NAME RUSNAK, ALEXANDER 1.3 STREET ADDRESS 397 MONACO 1 1.4 CITY-ST-ZIP DELRAY BEACH FL 1.4 CITY-ST-ZIP DELRAY BEACH FL 2.4 CITY-ST-ZIP DELRAY BEACH FL 2.4 CITY-ST-ZIP DELRAY BEACH FL 3.4 CITY-ST-ZIP DELRAY BEACH				81	Name	9		
BOCA RATON FL 33487 83				82	Street	Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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 and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE The Manual Computer of profited agent and title if applicable. (NOTE: Registered Agent signature required when rehistaling) DATE		· · · · · · · · · · · · · · · · · · ·		83			1	
agent, I am familiar with, and accept the obligations of, Section 617.USUS, Floridal Statuties. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent algrature required when reinstating) DATE	DOOM IN		84	City	Fi 85 Zip Code	-		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE	agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.							
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			□ actes		T-ZIP	7 Ul 10 100 Thomas Addition	+	
NAME CRULIATION, JACK	TITLE NAME	DD GOLDSTIEN, JACK	, DELETE	5.1 TITLE 5.2 NAME		Grange G Adduon	^	

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 in 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 enhowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

402 MONACO I

GOLD, BESS

390 MONACO I

DELRAY BEACH FL

DD

DELRAY BEACH FL

☐ DELETE

Change

☐ Addition