2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 745987 PROPERTY OF THE PROPERTY OF T					004 90230 001 *4,		
Principal Place of Business PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US 2. Principal Place of Business		Mailing Address PRIME MANAGEMENT GROUP INC. 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03232004 CI	ng-NP	CR2E037 (10/03)		
City & Stat	re	City & State	A ₁ - 2 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	4. FEI Number 59-193412	2	├	Applied For	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$9.75 4	dditional	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New	Registered Agent		
WEDTMAI	N DIITH		Name					
WERTMAN, RUTH 260 BURGANDY KINGS POINT INTERCESSION CITY, FL 33-8484			Street Addre	ess (P.O. Box Number is f	(P.O. Box Number is Not Acceptable)			
	,							
	t and	•	City			FL Zip Co	de	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regi	istered agent, or both, in	the State of I	Florida. I am familiar with	i, and accept	
CIONATURE								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Agent signature req	quired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004		paign Financing _	\$5.00 May Be Added to Fees		Make check payable orida Department of		
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Cam Trust Fund C	paign Financing _	\$5.00 May Be Added to Fees	Fle	Make check payable	State	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees	Fle	Make check payable orida Department of	N 10	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR PD DIBLASIO, JERRY 288 BURGUNDY F	9. Election Cam Trust Fund C	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fle	Make check payable orida Department of SERS AND DIRECTORS	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR PD DIBLASIO, JERRY 288 BURGUNDY F DELRAY BEACH, FL 33484 D COHEN, LENORE 251 BURGANDY F	9. Election Cam Trust Fund C ECTORS Delete	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fle	Make check payable orida Department of SERS AND DIRECTORS	State N 10 Addition Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR PD DIBLASIO, JERRY 288 BURGUNDY F DELRAY BEACH, FL 33484 D COHEN, LENORE 251 BURGANDY F DELRAY BEACH, FL 33484 S WERTMAN, RUTH KINGS PT. BURGUNDY F 260 DELRAY BEACH, FL 33484 D DECKEL, WILLIAM 282 BURGANDY F	9. Election Cam Trust Fund C ECTORS Delete Delete	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fle	Make check payable orida Department of 3 CERS AND DIRECTORS Change	State N 10 Addition Addition Addition	

12. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2004

Daytime Phone #