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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94215** (3)
1. Corporation Name
PRIME AMERICAN, CORP.

Principal Place of Business

5730 SW 74 T
STE 800
S. MIAMI FL 33143
US

Mailing Address

P.O. BOX 144694
P.O. BOX 144694
CORAL GABLES FL 33114-4694
US



2. Principal Place of Business

21 3329 Starling Avenue

22 Suite, Apt. #, etc.

23 City & State

23 Marianna, Fl.

24 Zip

24 32448

25 Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

08/11/1982

3a. Date of Last Report

08/20/1996

4. FEI Number

59-2211179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FEUER, JEFFREY M., P.A.
20466 SOUTH DIXIE HWY
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and undertake to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
1.5 DELETE

1.6 TITLE
1.7 NAME
1.8 STREET ADDRESS
1.9 CITY-STATE-ZIP
1.10 DELETE

1.11 TITLE
1.12 NAME
1.13 STREET ADDRESS
1.14 CITY-STATE-ZIP
1.15 DELETE

1.16 TITLE
1.17 NAME
1.18 STREET ADDRESS
1.19 CITY-STATE-ZIP
1.20 DELETE

1.21 TITLE
1.22 NAME
1.23 STREET ADDRESS
1.24 CITY-STATE-ZIP
1.25 DELETE

1.26 TITLE
1.27 NAME
1.28 STREET ADDRESS
1.29 CITY-STATE-ZIP
1.30 DELETE

1.31 TITLE
1.32 NAME
1.33 STREET ADDRESS
1.34 CITY-STATE-ZIP
1.35 DELETE

1.36 TITLE
1.37 NAME
1.38 STREET ADDRESS
1.39 CITY-STATE-ZIP
1.40 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-STATE-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-STATE-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-STATE-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-STATE-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-STATE-ZIP

14. I do 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 included 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 receiver or trustee empowered 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 added in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1997

Signature File #

0161437

CR2E034 (9/96)