

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 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 # M80745 (6)**

1. Corporation Name  
**PRIME PEST CONTROL, INC.**

Principal Place of Business  
**6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487  
US**

Mailing Address  
**6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487-8229  
US**



3. Date Incorporated or Qualified **05/13/1988** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **65-0055506** 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

9. Name and Address of Current Registered Agent

**SWATT, MYRON I.  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>OF</del>	<input type="checkbox"/> DELETE
NAME	<b>SWATT, MYRON I.</b>	
STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>RAIBLE, RONALD P.</b>	
STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ADEN, WILLIAM H.</b>	
STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DELEVA, ROBERT</b>	
STREET ADDRESS	<b>6300 PARK OF COMMERCE BLVD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JAY HENICK</b>	
STREET ADDRESS	<b>1140 BAY STREET, SUITE 4000</b>	
CITY-ST-ZIP	<b>TORONTO ON</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Vice President Treasurer &amp; Assist Sec. D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>500002092635</b>	
5.4 CITY-ST-ZIP	<b>-02/20/97--01006--014</b>	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>S.T.D</b>	
6.3 STREET ADDRESS	<b>Physician Stapleton</b>	
6.4 CITY-ST-ZIP	<b>6300 Park of Commerce Blvd Boca Raton FL</b>	

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 indicated 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 on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/7/97** Daytime Phone #: **561-997-4045**

CR2E034 (9/96)