

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR -3 AM 9:30

DOCUMENT # P93000042366 (3)

1. Corporation Name
PRUDENTIAL FLAMERS CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**8761 PERIMETER PARK BLVD
SUITE 201
JACKSONVILLE FL 32216** **8761 PERIMETER PARK BLVD
SUITE 201
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/09/1993 **02/02/1994**

4. FEI Number Applied For
59-3188051 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

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

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**DARABI, FARZIN
8761 PERIMETER PARK BLVD
SUITE 201
JACKSONVILLE FL 32216**

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 DATE

Signature types or printed name of registered agent and file # application NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE PD
NAME **DARABI, FARZIN**
STREET ADDRESS **159 ELEVENTH ST**
CITY - ST - ZIP **ATLANTIC BCH FL**

TITLE VD
NAME **DARABI, FRANK**
STREET ADDRESS **730 N WALDO RD SUITE A**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE STD
NAME **PARTOW, RAMIN**
STREET ADDRESS **159 ELEVENTH ST**
CITY - ST - ZIP **ATLANTIC BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS **335 ELEVENTH ST**

34. CITY - ST - ZIP **ATLANTIC BCH, FL 32233**

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or director 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 my address.

SIGNATURE: DATE

[Signature] *[Signature]* **11/10/94**

Signature types or printed name of signing officer or director Date (Signatures Please)