

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

FILED

**Feb 21 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 # **P93000042366 (3)**
1. Corporation Name
PRUDENTIAL FLAMERS CORP.



Principal Place of Business: ~~8781 PERIMETER PARK BLVD SUITE 201 JACKSONVILLE FL 32216~~
Mailing Address: ~~8781 PERIMETER PARK BLVD SUITE 201 JACKSONVILLE FL 32216-8398~~

3. Date Incorporated or Qualified: **06/09/1993**
3a. Date of Last Report: **02/27/1996**
4. FEI Number: **59-3188051**
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

2. Principal Place of Business: **500 SOUTH 3rd ST.**
2a. Mailing Address: **500 SOUTH 3rd ST.**
21. City & State: **JACKSONVILLE BEACH FL**
22. Zip: **32250** Country: **US**
23. City & State: **JACKSONVILLE BEACH FL**
24. Zip: **32250** Country: **US**

9. Name and Address of Current Registered Agent:
DARABI, FARZIN
~~8781 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): **500 SOUTH 3rd ST.**
83. City:
84. City: **JACKSONVILLE BEACH FL** 85. Zip Code: **32250**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARABI, FARZIN	1.2 NAME	
STREET ADDRESS	159 ELEVENTH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BCH FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARABI, FRANK	2.2 NAME	
STREET ADDRESS	730 N WALDO RD SUITE A	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTOW, RAMIN	3.2 NAME	
STREET ADDRESS	335 11TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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** **2/12/97 904-244-3737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)