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

**PROFIT** NORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000078763

PRIME REALTY INVESTORS CORP.

		Martin Address			- 1 100 (100 till 100 till 200) and and and and and and and and	
Principal Place of Business Mailing Address						
1170 NW 11TH AVENUE 21103 NE 38TH AVENUE					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
SUITE 100 MIAMI FL 33136		AVENTURA FL 33180				
					10/25/1993	
Principal Place of Business     2a. Mailing Address						
21 26			<u> </u>		65-0478110   Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	8	City & State			6. Election Campaign Financing \$5.00 May Be	
23	•	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible	
24	25 29 30		]		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Cur	rent Registered Agent	-		10. Name and Address of New Registered Agent	
			81	Name		
BURSTYN, JUDAH 1170 NW 11TH AVENUE SUITE 100 MIAMI FL 33136				<u> </u>	(DO D. W. J. W. A.	
			82	82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code		
			83			
			84			
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes,	the abov	e-named corp	oration submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	iorized by	the corporation	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered	-9	<u> </u>	nt signature require	d when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			1.1 TITLE			
NAME	Burstyn, Jodah		1.2 NAME	Ì		
STREET ADDRESS 1170 NW 11TH AVENUE SUITE 100		ITE 100	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33136		14 CITY-ST-ZIP			
TITLE			2.1 TITLE		☐ Change ☐ Addition	
NAME I	221		2.2 NAME			
STREET ADDRESS	DRESS 233		2.3 STREE	TADDRESS		
CITY-ST-ZIP	<b>.</b>		2. 4 CITY-	ST-ZIP		
TITLE	DELETE 3.1		3.1 TITLE		☐ Change ☐ Addition	
NAME	3.2		3.2 NAME			
STREET ADDRESS			1	T ADDRESS		
			3.4. CITY-			
CITY-ST-ZIP	Dog ere		4,1 TITLE	V1-EII	☐ Change ☐ Addition	
TITLE			4. 2 NAME			
NAME				ļ.		
STREET ADORESS				TADDRESS		
CITY-ST-ZIP			4.4 CITY- S	ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE		Change Adollic	
NAME			5.2 NAMÉ			
STREET ADDRESS			5.3 STREE	T ADDRESS		

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

☐ DELETE

14. 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 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 all other like empowered.

☐ Change

☐ Addition

May 27, 1999 8:00 am Secretary of State

05-27-1999 90001 002 \*\*\*158.75

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