

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY - 1 AM 10: 43

**DOCUMENT # P94000032396 (1)**

1. Corporation Name  
**PRIME MANAGEMENT, INC.**

Principal Place of Business  
1051 S. ROGERS CIRCLE  
BOCA RATON FL 33487

Mailing Address  
1051 S. ROGERS CIRCLE  
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified  
**04/28/1994**

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0490321</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SWATT, MYRON I 1051 S. ROGERS CIRCLE BOCA RATON FL 33487</b>				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>V D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWATT, MYRON I</b>	1.2 NAME	
STREET ADDRESS	<b>1051 S. ROGERS CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAIBLE, RON</b>	2.2 NAME	
STREET ADDRESS	<b>1051 S. ROGERS CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Brian Becchio</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1051 So. Rogers Circle</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Boca Raton, FL 33487</b>
TITLE		4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>William H. Aden</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1051 So. Rogers Circle</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>Boca Raton, FL 33487</b>
TITLE		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		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	

**REMITTED BY MAY 1**

14. I do 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 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: **Myron I. Swatt** **4-18-95** **407-997-4045**  
Signature of officer or director Date (Type in Year & #)