

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified: **04/28/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **6300 Park of Commerce Blvd**
22 Suite, Apt #, etc.
23 **Boca Raton, FL**
24 **33487** 25 **Palm Beach**
26 **6300 Park of Commerce Blvd**
27 Suite, Apt #, etc.
28 **Boca Raton, FL**
29 **33487** 30 **Palm Beach**

4. FEI Number: **65-0490321**
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
1051 S. ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **6300 Park of Commerce Blvd**
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | SWATT, MYRON I | |
| STREET ADDRESS | 1051 S. ROGERS CIRCLE | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | RAIBLE, RON | |
| STREET ADDRESS | 1051 S. ROGERS CIRCLE | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | BECCHIO, BRIAN | |
| STREET ADDRESS | 1051 SO ROGERS CIRCLE | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ADER, WILLIAM H. | |
| STREET ADDRESS | 1051 SO ROGERS CIRCLE | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 6300 Park of Commerce Blvd |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | 6300 Park of Commerce Blvd. |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | 6300 Park of Commerce Blvd. |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Jay Hennick |
| 53 STREET ADDRESS | 1140 Bay Street, Ste. 4000 |
| 54 CITY - ST - ZIP | Toronto, Ontario M5S 2B4 |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is truthfully 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: *William H. Aden* **William H. Aden, Sec'y** 5-1-96 407-947-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)