

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

FILED

Apr 15 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 # S12570

(5)

1. Corporation Name

PRIME REAL ESTATE GROUP, INC.

Principal Place of Business

1596 SO. FEDERAL HWY  
STUART FL 34996

Mailing Address

1596 SO. FEDERAL HWY  
STUART FL 34994-3994



3. Date Incorporated or Qualified  
11/08/1990

3a. Date of Last Report  
10/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0252521

Applied For

Not Applicable

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

LAVIANO, VINCENT J  
2481 S.W. RACQUET CLUB DRIVE  
PALM CITY FL 34990

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|       |                    |                              |                    |                                 |
|-------|--------------------|------------------------------|--------------------|---------------------------------|
| TITLE | NAME               | STREET ADDRESS               | CITY - ST - ZIP    | <input type="checkbox"/> DELETE |
|       | LAVIANO, VINCENT J | 2481 S.W. RACQUET CLUB DRIVE | PLAM CITY FL 34990 |                                 |
| TITLE | NAME               | STREET ADDRESS               | CITY - ST - ZIP    | <input type="checkbox"/> DELETE |
| TITLE | NAME               | STREET ADDRESS               | CITY - ST - ZIP    | <input type="checkbox"/> DELETE |
| TITLE | NAME               | STREET ADDRESS               | CITY - ST - ZIP    | <input type="checkbox"/> DELETE |
| TITLE | NAME               | STREET ADDRESS               | CITY - ST - ZIP    | <input type="checkbox"/> DELETE |
| TITLE | NAME               | STREET ADDRESS               | CITY - ST - ZIP    | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|           |          |                    |                     |  |
|-----------|----------|--------------------|---------------------|--|
| 11 TITLE  | 12 NAME  | 13 STREET ADDRESS  | 14 CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 (561) 220-4222

CR2E034 (9/96)