SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 25 AM 10: 12

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DOCUMENT # 565870

1. Corporation Name

PRIME REALTY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	SAME

3. Date Incorporated or Qualified: 2/2/78	3a. Date of Last Report: 5/1/96
4. FEI Number: 65-0171493	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	

2. Principal Place of Business	2a. Mailing Address
21 6300 PARK OF COMMERCE BLVD	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON FL	28 City & State
24 Zip: 33487 / 25 Country: PALM BEACH	29 Zip: 33487 / 30 Country

9. Name and Address of Current Registered Agent

SWATT, MYRON I
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

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 MYRON I. SWATT 9/11/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TREASURE & DIRECTOR ☐ DELETE NAME: RAIBLE, RONALD P STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON FL 33487		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SECRETARY & DIRECTOR ☐ DELETE NAME: SWATT, MYRON I STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON FL 33487		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: PRESIDENT & DIRECTOR ☐ DELETE NAME: ANDERSON, JIMMY C STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON FL 33487		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: XX DELETE NAME: HENNICK, JAY STREET ADDRESS: 1140 BAY STREET, STE 4000 CITY-ST-ZIP: TORONTO, ONTARIO M5S2B4		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: X DELETE NAME: ADEN, WILLIAM H STREET ADDRESS: 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP: BOCA RATON, FL 33487		5.1 TITLE: VICE PRESIDENT 5.2 NAME: MARK BURGESS 5.3 STREET ADDRESS: 6300 PARK OF COMMERCE BLVD 5.4 CITY-ST-ZIP: BOCA RATON, FL 33487	☐ Change XX Addition
TITLE: ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE: CEO & DIRECTOR 6.2 NAME: ROBERT BURGESS 6.3 STREET ADDRESS: 6300 PARK OF COMMERCE BLVD 6.4 CITY-ST-ZIP: BOCA RATON FL 33487	☐ Change XX Addition

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 617, 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 9/11/96 561-997-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)