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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

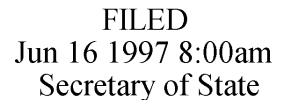
DOCUMENT # 583102

(9)

PRIOR INDUSTRIES, INC.

Principal Place of Business

Mailing Address





2780 S.FLAMINGO RD. DAVIE FL 33330		2780 S.FLAMINGO RD. DAVIE FL 33330-1304					
					3. Date Incorporated or Qualified 08/22/1978	3a. Date of La	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Sulte, Apt.	# alo	Suite, Apt. #, etc.			59-2431536		Not Applicable
22		27		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip		Count	Country 8. This corporation has liability for intangible tax under s. 199.			
24	25 29 29 29 29 29 20 20 20		30	·	Florida Statutes 🔀 Yes 🗌 No		
		t Registered Agent		1 Name	10. Name and Address of New Reg	Istered Agent	
PRIOR, PETER W				1 Name			
	O S FLAMINGO RD		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable	θ)	
DAY	1E FL 33330		a	3			
			8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statut	es, the abo	ve-named co	rporation submits this statement for the pu		ng its registered
office of re agent. I a	egistered rigent, or both, in the state m familiar with and accept the oblige	of Florida. Such change was a ations of, Section 607.0505, Fl	authorized orida Statul	by the corpor es.	rporation submits this statement for the pu alion's board of directors. I hereby accept	the appointmen	nt as registered
SIGNATURE	MW les Nove	of PETER u	J. PR	IOR		5-2-97	
	Signature, typed or printed name of registered age		E: Registered A	gent signature req	uired whon reinstating)		
TITLE	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
NAME	PRIOR, PETER W.		1.2 NAM			i Cria	unte 🗀 Montoot i
STREET ADDRESS	2780 S.FLAMINGO RD.			ET ADDRESS			
CITY-ST-ZIP	DAVIE FL		1.4 C(TY				
TITLE		☐ DELETE	2.1 1111.6			Cha	nge
NAME			2.2 NAM				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	-S1-ZIP			
TITLE	:	☐ DELETE	3.1 TITLE			Chai	nge 🔲 Addition
NAME			3.2 NAM	1			
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			☐ Char	nge Addition
NAME			4. 2 NAM			Cilai	ige LJ Addition
STREET ADDRESS			- 1	ET ADDRESS			
CITY-ST-ZIP			4.4 Cily				
TITLE		DELETE	5.1 TITLE			Char	nge Addition
NAME			5.2 NAM6				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CHY-	ST-ZIP			
TITLE		☐ DELETE	61 TITLE			☐ Char	ige Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	et address			1
CITY-ST-ZIP	y carrier that the information aumalian	Ludth this files deep and 100	6.4 CHTY-	ST-ZIP	11. 0		

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that he corporation or the requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name (a) I uchanged, or on an attachment with an address. information indicated on this I am an officer or director of appears in Block 12 or Block