

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90059 002 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 674920

1. Corporation Name
PRIME TIME SYSTEMS, INC.



Principal Place of Business 1636 SHADOWOOD LANE, SUITE 120 JACKSONVILLE FL 32207	Mailing Address 1636 SHADOWOOD LANE, SUITE 120 JACKSONVILLE FL 32207
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/25/1980

4. FEI Number 59-2292621	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 7300 BEACH BLVD	2a. Mailing Address 26 7300 BEACH BLVD
Suite, Apt. #, etc. 22 # 3	Suite, Apt. #, etc. 27 #3
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32216	Country 25 USA
Zip 29 32216	Country 30 USA

9. Name and Address of Current Registered Agent

HUSTON, JAMES E.
11187 SCHOONER CT
JACKSONVILLE FL 32225

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME WILLS, RICHARD A	
STREET ADDRESS 7325 SANDY BLUFF DRIVE	
CITY-ST-ZIP JACKSONVILLE, FL 00000	
TITLE PD	<input type="checkbox"/> DELETE
NAME HUSTON, JAMES E	
STREET ADDRESS 11187 SCHOONER CT	
CITY-ST-ZIP JACKSONVILLE FL 32225	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE VP/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME LEWIS P. KING	
1.3 STREET ADDRESS 5442 RIVER TRAIL RD S	
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32277	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Lewis P. King **LEWIS P KING** 2-2-99 904 725 9760

CR2E034 (11/98)