Mailing Address

C/O JOHN PRIOR INC

1600 STEWART AVE

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F58971

1. Corporation Name

Principal Place of Business

WEST PALM BEACH FL 33407

3896 WESTROADS DR

PRIORITY ONE REALTY CORPORATION

| MESIBURT NT 11390 | | | | | | 0011011111 | | | _ |
|--------------------------|--|-----------------------------|----------------|---|--------------------|---|--------------|----------------|------------|
| | | | | | | Date Incorporated or Qualifect 12/15/1981 | | - | |
| <u> </u> | (Paris | 2a. Mailing Addre | | | | 4. FEI Number | | Anr | lied For |
| 2. Principal Pl | lace of Business | 2a. Mailing Addre | 55 | | | 59-2143174 | | <u> </u> | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, | etc. | | | 5. Certifcate of Status Desired | Ď. | \$8.75 A | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | /23L | Fee Rec | uired |
| City & State | e | City & State | City & State | | | 6. Election Campaign Financing | _ | \$5.00 | vlay Be |
| 23 | | 28 | | | | Trust Fund Contribution | | _ Added to | Fees |
| Zip | Country Zip | | | Country | | 8. This corporation owes the cur | rent year In | tangible | |
| 24 | 25 29 | | | 30 | | Personal Property Tax. | • | ☐ Yes | ☑No |
| | 9. Name and Address of Curren | | | \top | | 10. Name and Address of New | Registered | Agent | |
| | | | | 81 | Name | | | | |
| COSTELLO, RONALD | | | | | 05-11-11 | To a (D.O. Doubles Locio Not Asses | table) | <u>-</u> | |
| 6643 42ND TERRACE NORTH | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| WEST PALM BEACH FL 33407 | | | | 83 | | | | · | |
| | | | | 84 | City | | FL | 85 Zip C | ebo |
| | | 4500 51 11 | 0 | <u> </u> | | | | | registered |
| office or r | to the provisions of Sections 607.050. egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such chang | e was authoriz | zea by | the corpora | rporation submits this statement for the tion's board of directors. I hereby acceptance | ept the appo | intment as reg | istered |
| SIGNATURE | Signature, typed or printed name of registered agen | nt and title if applicable. | (NOTE: Registe | ered Ager | nt signature requi | ired when reinstating) | DATE | | } |
| 12. | | D DIRECTORS | 1 | 3. | | ADDITIONS/CHANGES TO O | FFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | Р | ☐ DE | LETE 1. | 1 TITLE | | | | Change | Addition |
| NAME | PRIOR, RICHARD | | 13 | 2 NAME | | | | | |
| STREET ADDRESS | 6643 42ND TERR N | | 1.3 | 3 STREE | T ADDRESS | | | | |
| | WEST PALM BEACH FL 33407 | | | 4 CITY-S | | | | | } |
| CITY-ST-ZIP TITLE | V | ☐ DE | | 1 TITLE | | | | Change | ☐ Addition |
| | PRIOR, RONALD | | _ | 2 NAME | 1 | | | | 1 |
| NAME | 6643 42ND TERR N | | | | T ADDRESS | | | | |
| STREET ADDRESS | WEST PALM BEACH FL 33407 | | 2 | | - 1 | | | | ł |
| CITY-ST-ZIP | WEST PALM DEACH PL 33407 | □ DE | | 4 CITY-S 1 TITLE | 51-ZIP | | | Change | Addition |
| TITLE | | | | | | | | [-1 o | |
| NAME | | | | 2 NAME | | | | | } |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4. CITY- 9 | ST-ZIP | | | ☐ Change | Addition |
| TITLE | | ☐ DE | 1 | 1 TITLE | | | | ∟ ∪nange | |
| NAME | | | | 2 NAME | 1 | | | | |
| STREET ADDRESS | | | 4.3 | 3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | | 4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DE | | 1 TITLE | - | | | Change | ☐ Addition |
| NAME | | | | 2 NAME | ļ | | | | İ |
| STREET ADDRESS | | | 5. | 3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | | 4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DE | LETE 6. | 1 TITLE | | | | Change | Addition |
| NAME | | | 6. | 2 NAME | | | | | |
| STREET ADDRESS | | | 6. | 3 STREE | TADDRESS | | | | ļ |
| CITY OF ZID | | | 6. | 4 CITY-S | iT-ZIP | | | | į |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90069 030 ***158.75

DO NOT WRITE IN THIS SPACE