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NONPROFIT

CÓRPORATION

ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300005635 (8)

PRIME HOLDINGS OF FLORIDA, INC.

FILED									
Feb 11 1998 8	:00am								
Secretary of	State								

PRIME HOLDINGS OF FEURIDA, INC.										
Principal Plac	e of Business	Mailing Address	S						BOLDI BILIN BILIN	INION ONE HOUS
3940 OLYMPIC ERLANGER KY	BLVD STE 300 41018	3940 OLYMPIC B ERLANGER KY 4		00			 3. Date Incorporated or Qualified 12/13/1993 4. FEI Number 35-1904569 			oplied For
2. Principal P	2. Principal Place of Business 2a. Mailing Address						-			Additional
21 263		26 3940 Oly	26 3940 Olympic Blvd.,				5. Certificate of Status Desired	ш		equired
Suite, Apt. #, etc. Suite, Apt. #		etc			•	6. Election Campaign Financing		\$5.00	May Be	
22		27 Suite 50	0				Trust Fund Contribution		Added to	Fees
City & Stat	e	<u> </u>	City & State			7. Is this nonprofit corporation a ho			n?	
23		28 Erlanger	KY				 	Yes	⊠ No	
Zip	Country	Zip	ļ	Countr	У		8. This corporation owes or has pa			
24	25 9. Name and Address of Curr	29 41018	30	U.S		 	Personal Property Tax due June 10. Name and Address of New Re] No
	y. Name and Address of Curr	eur vedistelen våeur		81	П	Name	10. Name and Address of New He	gistere	o Agent	
1200 SC	RPORATION SYSTEM OUTH PINE ISLAND ROAD ITION FL 33324			83	3	Street Addr	ess (P.O. Box Number is Not Acceptab		85 Zip	Code
l <u>-</u>				"	•	Oity		F		0000
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.0 registered agent, or both, in the Starm familiar with, and accept the oblined for the section of the sect						oration submits this statement for the pion's board of directors. I hereby accepted when relistating	ourpose of the ap	of changing it opointment as	s registered registered
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS A	VD DIRECTOR	IS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, GARY 3940 OLYMPIC BLVD STE ERLANGER KY 41018		ELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	T A	· ·			☐ Change	Addition
TITLE	81D	DE DE	ELETE	2.1 TITLE	-				Change	Addition
NAME	CAIRNS, MYLES S	-		2.2 NAME						
STREET ADDRESS	3940 OLYMPIC BLVD STE	300		2.3 STREE		DORESS				
CITY-ST-ZIP	ERLANGER KY 41018	•••		2. 4 CITY-						
TITLE		DI DI	LETE	3.1 TITLE					☐ Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE		DDRESS				
CITY-ST-ZIP				3.4. CITY-						
TITLE		□ DE	LETE	4.1 TITLE		-			Change	Addition
NAME				4. 2 NAME					-	
STREET ADDRESS				4.3 STREE		DDRESS			,	
CITY ST. 7IP				AA CITY					•	

14. Thereby 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 suppliemental 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

☐ DELETÉ

CIGNATURE.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Myles Cairns

(606)746-6800

2000002429062

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Addition

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