

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:22

DOCUMENT # F95278 (0)

1. Corporation Name

PRIME TIME SALES, INC.

Principal Place of Business

C/O ESSIE PRINCE
204 NE 1ST AVENUE
HALLANDALE FL 33009

Mailing Address

C/O ESSIE PRINCE
1101 E HALLENDALE BCH BLVD
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/05/1982	3a. Date of Last Report 01/25/1994
4. FBI Number 59-2206954	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

21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address

25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country

9. Name and Address of Current Registered Agent

PRINCE, ESSIE
830 NE 27TH AVENUE
HALLANDALE FL

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRINCE, ESSIE
STREET ADDRESS	830 NE 27TH AVENUE
CITY - ST - ZIP	HALLANDALE FL
TITLE	VD
NAME	PRINCE, AARON
STREET ADDRESS	830 NE 27TH AVENUE
CITY - ST - ZIP	HALLANDALE FL
TITLE	STD
NAME	PRINCE, AARON
STREET ADDRESS	830 NE 27TH AVENUE
CITY - ST - ZIP	HALLANDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Aaron Prince

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Proo

DATE

1/13/95

Typed Name