

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H73471** (5)

1. Corporation Name

PRIME INVESTMENT REALTY, INC.



Principal Place of Business

**187 SEMORAN BOULEVARD
FERN PARK FL 32730
US**

Mailing Address

**187 SEMORAN BOULEVARD
FERN PARK FL 32730
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SLOBODA, LEN
187 SEMORAN BOULEVARD
FERN PARK FL 32730**

3. Date Incorporated or Qualified

08/26/1985

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2573045

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

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 607.0592 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 the person signing this report.

Signature typed or printed name of the person signing this report.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DP

SLOBODA, LEN

187 SEMORAN BOULEVARD

FERN PARK FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

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CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

☐ Change

☐ Addition

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY- ST- ZIP

☐ Change

☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY- ST- ZIP

☐ Change

☐ Addition

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY- ST- ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

☐ Change

☐ Addition

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY- ST- ZIP

☐ Change

☐ Addition

SIGNATURE:

Len Sloboda

Len Sloboda, P

4-5-96

407-260-1907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date of Filing Date of Report

CR2E034 (12/95)