

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90101 016 ***158.75

0570880

DOCUMENT # H95859

1. Corporation Name
PRIME BUILDING SYSTEMS, INC.



Principal Place of Business

14301 BEDFORD CT
DAVIE FL 33325
US

Mailing Address

~~MAX M. HAGEN~~
~~3990 SHERIDAN ST. #104~~
~~HOLLYWOOD FL 33021~~
-US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1986

4. FEI Number

59-2633820

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 owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

21 340 West 78 Road

Suite, Apt. #, etc.

22 City & State

23 Hialeah, FL

Zip Country

24 33014 25 US

2a. Mailing Address

26 340 West 78 Road

Suite, Apt. #, etc.

27 City & State

28 Hialeah, FL

Zip Country

29 33014 30 US

9. Name and Address of Current Registered Agent

HAGEN, MAX M.
3990 SHERIDAN ST. #104
HOLLYWOOD FL 3302

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 14301 BEDFORD COURT

84 City DAVIE

FL

85 Zip Code 33325

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

Anthony D'Andrea
Signature, typed or printed name of registered agent and title if applicable.

Anthony D'Andrea President

1-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME D'ANDREA, ANTHONY F.

STREET ADDRESS 14301 BEDFORD CT.

CITY-ST-ZIP DAVIE FL

TITLE VSD ☐ DELETE

NAME D'ANDREA, KRISTY J.

STREET ADDRESS 14301 BEDFORD CT.

CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 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:

Anthony D'Andrea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

Date

305-822-3721

Daytime Phone #

CR2E034 (11/98)