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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

K89911

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PRIME MACHINE & TOOL, INC.

Principal Place of Business

Country

9. Name and Address of Current Registered Agent

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TRAUTVETTER, ROBERT W., JR. 705 NORTH ATLANTIC AVE. DR.

LANTANA FL 33462

820 N BTH ST STE 5 LANTANA FL 33462

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

820 N 8TH ST STE 5 LANTANA FL 33462

2a. Mailing Address

City & State

Zφ

Suite, Apt. #, etc.

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1989 Applied For 65-0122878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 85

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.

Country

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83 **B4** City

Name

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ___ Addition TITLE 1.1 TITLE TRAUTVETTER, ROBERT W. JR NAME 1.2 NAME 705 N. ATLANTIC AVE. DR. STREET ADDRESS 1.3 STREET ADDRESS LANTANA FL 33462 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE DV 2.1 TITLE NAME LUNGU. PAVEL 2.2 NAME **6786 ALDEN RIDGE** STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 73P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Спапре TITLE 6.1 1/TLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 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 coeperation of the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment of the receiver of the control of the receiver of the control of the receiver or truster empowers in Block 13 if changed, or on an attachment of the receiver of the control of the receiver or truster empowers.