

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L37220

(5)

1. Corporation Name
PRIME EQUITIES CORPORATION



Principal Place of Business

1191 EIGHTH STREET SOUTH, UNIT 2-C
SUITE 2-C
NAPLES FL 33940

Mailing Address

1191 EIGHTH STREET SOUTH, UNIT 2-C
SUITE 2-C
NAPLES FL 34102-7308

3. Date Incorporated or Qualified
12/19/1989

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 900 Broad Avenue South

2a. Mailing Address

26 900 Broad Avenue South

Suite, Apt. #, etc.

22 Unit 2-C

City & State

23 Naples, FL

Zip

24 34102

Country

25 USA

Suite, Apt. #, etc.

27 Unit 2-C

City & State

28 Naples, FL

Zip

29 34102

Country

30 USA

4. FEI Number
65-0170585

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

9. Name and Address of Current Registered Agent

KUEHNER, CARL J.
1191 EIGHTH STREET SOUTH
SUITE 2-C
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Kuehner, Carl J.
82 Street Address (P.O. Box Number is Not Acceptable)
900 Broad Avenue South
83 Unit 2-C
84 City Naples FL 85 Zip Code 34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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	D	DELETE
NAME	KUEHNER, JOANNE	
STREET ADDRESS	1191 EIGHTH ST SO #2-C	
CITY - ST - ZIP	NAPLES FL	
TITLE	PD	DELETE
NAME	KUEHNER, KURT	
STREET ADDRESS	1191 EIGHTH ST SO #2-C	
CITY - ST - ZIP	NAPLES 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME	Kuehner, Joanne		
1.3 STREET ADDRESS	900 Broad Avenue South #2-C		
1.4 CITY - ST - ZIP	Naples, FL 34102		
2.1 TITLE		Change	Addition
2.2 NAME	Kuehner, Kurt		
2.3 STREET ADDRESS	900 Broad Avenue South #2-C		
2.4 CITY - ST - ZIP	Naples, FL 34102		
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 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

Daytime Phone #

CR2E034 (9/96)