

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

1995 MAY 23 AM 9:38

DOCUMENT # M53644

(4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

PRIME CORNERS, INC.

Principal Place of Business

C/O WEAVER, 20441 NE 30 AVE
STE 104
NO. MIAMI BCH FL 33180
US

Mailing Address

C/O WEAVER 20441 NE 30 AVE
STE 104
NO. MIAMI BCH FL 33180
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1987

3a. Date of Last Report

04/28/1994

4. FBI Number

59-2818462

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 2835 Hollywood Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

22 4th Floor

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERNER, RONALD K.
20441 NE 30 AVE #104
NO MIAMI BCH FL 33180

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 607.0502 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 filer's signature)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME WERNER, RONALD K.
STREET ADDRESS 20441 NE 30 AVE
CITY - ST - ZIP NO. MIAMI BCH FL

TITLE V
NAME TURCHIN, ROBERT L. JR
STREET ADDRESS 1835 PURDY AVE.
CITY - ST - ZIP MIAMI BCH. FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

800001438468
-05/24/95--01077--019
****200.00 ****200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TR-4
5-23-95
REMITTED BY MAY 1

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 119.07(3)(b), Florida Statutes. I further certify that this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Name)