

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 19 1997 8:00am
Secretary of State

DOCUMENT # M80745 (6)

1. Corporation Name
PRIME PEST CONTROL, INC.

Principal Place of Business
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US

Mailing Address
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8229
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1988		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0055506		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWATT, MYRON I. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OF SWATT, MYRON I. <input type="checkbox"/> DELETE	1.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWATT, MYRON I.	1.2 NAME	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DS RAIBLE, RONALD P. <input type="checkbox"/> DELETE	2.1 TITLE	Vice President, Treasurer & Asst. Sec. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIBLE, RONALD P.	2.2 NAME	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PD ADEN, WILLIAM H. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	ADEN, WILLIAM H.	3.2 NAME	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	V DELEVA, ROBERT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	DELEVA, ROBERT	4.2 NAME	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D JAY HENNICK <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JAY HENNICK	5.2 NAME	500002092635
STREET ADDRESS	1140 BAY STREET, SUITE 4000	5.3 STREET ADDRESS	-02/20/97--01006--014
CITY-ST-ZIP	TORONTO ON	5.4 CITY-ST-ZIP	***521.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S.T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Physician
STREET ADDRESS		6.3 STREET ADDRESS	6300 Park of Commerce Blvd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boca Raton FL

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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 56-9974045
Date Daytime Phone #

CR2E034 (9/96)