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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00330 (3)

1. Corporation Name

P.R.N.I.I.M.A, INC.

Principal Place of Business

600 SEA PINE WAY
WEST PALM BEACH FL 33415

Mailing Address

600 SEA PINE WAY
WEST PALM BEACH FL 33415-89073. Date Incorporated or Qualified
12/13/19833a. Date of Last Report
02/01/1996

2. Principal Place of Business

21 600 SEA PINE WAY

Suite, Apt. #, etc.

22 CLUBHOUSE

City & State

23 WEST PALM BCH

Zip

Country

24 33415

25 USA

2a. Mailing Address

26 600 SEA PINE WAY

Suite, Apt. #, etc.

27 CLUBHOUSE

City & State

28 WEST PALM BCH

Zip

Country

29 33415

30 USA

4. FEI Number
59-2355501Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MONCHICK, MICHAEL J.
1501 OLD OKEECHOBEE RD
W PALM BCH FL 33409

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/9/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMERMAN, SIDNEY
STREET ADDRESS 620E SEA PINE WAY
CITY-ST-ZIP WEST PALM BEACH FL☐ DELETETITLE TD
NAME SHEVETT, BERTHA
STREET ADDRESS 611C SEA PINE WAY
CITY-ST-ZIP WEST PALM BEACH FL☐ DELETETITLE D
NAME HAND, MORRIS
STREET ADDRESS 614 SEA PINE WAY
CITY-ST-ZIP WEST PALM BEACH FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME SIDNEY ZIMMERMAN
1.3 STREET ADDRESS 620E SEA PINE WAY
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33415☐ Change ☐ Addition2.1 TITLE SECRETARY
2.2 NAME
2.3 STREET ADDRESS 611C SEA PINE WAY
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33415☐ Change ☐ Addition3.1 TITLE BOARD MEMBER
3.2 NAME HAND MORRIS
3.3 STREET ADDRESS 614 SEA PINE WAY
3.4 CITY-ST-ZIP WEST PALM BEACH FL 33415☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

1/9/97

Date

Daytime Phone # 0041349

CR2E037 (9/96)