

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **N93000000820 (1)**

1. Corporation Name

**PRIMER, INC.**

95 MAY -1 AM 9:19

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**33 NORTH GARDEN AVENUE  
SUITE 960  
CLEARWATER FL 34615** **PO BOX 6108  
PALM HARBOR FL 34684-0708  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **03/11/1993** 3a. Date of Last Report **04/25/1994**  
4. FEI Number **59-3182277** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TANKEL, ROBERT L ESQ  
33 NORTH GARDEN AVENUE  
SUITE 960  
CLEARWATER FL 34615**

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, name of present name of registered agent and title (corporation)

(2) FE Registered Agent signature (required after incorporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GROSS, NORMAN DR</b>
STREET ADDRESS	<b>3538 OAK LAKE DRIVE</b>
CITY, ST, ZIP	<b>PALM HARBOR FL 34684</b>
TITLE	<b>VD</b>
NAME	<b>ROTH, JACK</b>
STREET ADDRESS	<b>POST OFFICE BOX 845</b>
CITY, ST, ZIP	<b>SAN ANTONIO FL 33576</b>
TITLE	<b>D</b>
NAME	<b>EISENSTADT, MIKE</b>
STREET ADDRESS	<b>7005 TWELVE OAKS BLVD.</b>
CITY, ST, ZIP	<b>TAMPA FL 33634</b>
TITLE	<b>T</b>
NAME	<b>KRAUS, RANDI E</b>
STREET ADDRESS	<b>250 N BELCHER RD #100</b>
CITY, ST, ZIP	<b>CLEARWATER FL</b>
TITLE	<b>S</b>
NAME	<b>BOWMAN, SELMA</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE SUITE 960</b>
CITY, ST, ZIP	<b>CLEARWATER FL 34615</b>
TITLE	<b>S</b>
NAME	<b>BLUMENTHAL, LENORE</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE SUITE 960</b>
CITY, ST, ZIP	<b>CLEARWATER FL 34615</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 610 (7)(b)(ii) 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: *Randi E Kraus*  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Randi E. Kraus**

*4/24/95* (019)441-6929  
Date (Legal Name)