

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000000820 (1)

1. Corporation Name
PRIMER, INC.



Principal Place of Business: **33 NORTH GARDEN AVENUE SUITE 900 CLEARWATER FL 34615**
Mailing Address: **PO BOX 6108 PALM HARBOR FL 34684-0708 US**

3. Date Incorporated or Qualified: **03/11/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21. **2655 McCormick Dr.**
22. **Clearwater, FL**
23. **34619** Country: **US**

4. FEI Number: **59-3182277**
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
TANKEL, ROBERT L ESQ
83 NORTH GARDEN AVENUE SUITE 900 CLEARWATER FL 34615

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **Clearwater** FL 85. Zip Code: **34619**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, NORMAN DR	1.2 NAME	
STREET ADDRESS	3538 OAK LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, JACK	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 845	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO FL 33576	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENSTADT, MIKE	3.2 NAME	
STREET ADDRESS	7005 TWELVE OAKS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, RANDI E	4.2 NAME	
STREET ADDRESS	250 N BELCHER RD #100	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, SELMA	5.2 NAME	
STREET ADDRESS	2852 Chalmers Ct.	5.3 STREET ADDRESS	
CITY-ST-ZIP	36 NORTH GARDEN AVENUE SUITE 900 CLEARWATER FL 34615 Palm Harbor, FL 34684	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 Date: 5/23/96 (813) 447-6824

CR2E037 (12/95)