

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90010 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000000991

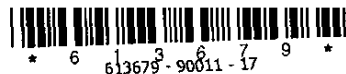
1. Corporation Name

P.R.I.M.A.T.E., INC.

Principal Place of Business

417 HENDRICKS ISLE
FT. LAUDERDALE FL 33301

Mailing Address

417 HENDRICKS ISLE
FT. LAUDERDALE FL 33301

* 6 613679-90011-17 9 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 502 SW Hagler Ave.		02/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0820397	
City & State		City & State		5. Certificate of Status Desired	
23		28 Fort Lauderdale, FL		☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29 33301		☐ \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30 USA			

9. Name and Address of Current Registered Agent

FITZGERALD, HOLLY
 417 HENDRICKS ISLE
 FT. LAUDERDALE FL 33301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	D Holly D. Fitzgerald
STREET ADDRESS		1.3 STREET ADDRESS	417 Hendricks Isle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	D Steven S. Clark
STREET ADDRESS		2.3 STREET ADDRESS	417 Hendricks Isle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Quinn Clark D
STREET ADDRESS		3.3 STREET ADDRESS	502 SW Hagler Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Lauderdale FL 33301
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

(954) 525-8060

Daytime Phone

CR2E037 (1/98)