

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 AUG -8 AM 11:26**

**DOCUMENT # P92000005723 (1)**

1. Corporation Name

**PRIME MATE, INC.**

Principal Place of Business

8705 SW 55 ST  
COOPER CITY FL 33320

Mailing Address

8705 SW 55 ST  
COOPER CITY FL 33320

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/18/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>4100 NW 7th Court</b>	26 <b>4100 NW 7th Court</b>	<b>65-0369635</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Payments Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for interstate tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 <b>Delray Beach, FL</b>	28 <b>Delray Beach, FL</b>		
Zip	Country	29 <b>33445</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC.  
1290 WESTON RD  
SUITE 214  
FT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 (hand or printed name of registered agent and the Agent)

NOTE: Registered Agent signature required unless exempting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRUCK II, DENNIS</b>	1.2 NAME	
STREET ADDRESS	<b>11500 SW 16TH STREET</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>DAVIE FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DROZDOWSKI, MITCHELL</b>	2.2 NAME	<b>DROZDOWSKI</b>
STREET ADDRESS	<b>701 AVE L UNIT 202-A</b>	2.3 STREET ADDRESS	<b>4100 NW 7th COURT</b>
CITY, ST, ZIP	<b>DELRAY BEACH FL 33328</b>	2.4 CITY, ST, ZIP	<b>Delray Beach, FL 33445</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if hand-drawn) or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mitchell Drozdowski**

**August 2, 1995 407-498-1458**