

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016894 (6)

1. Corporation Name

PRIME ART, INC.

Principal Place of Business

2280 NW 30TH PL
POMPANO BEACH FL 33069
US

Mailing Address

2280 NW 30TH PL
POMPANO BEACH FL 33069
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

AHMAD, SYED
2280 NW 30TH PLACE
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified
03/05/1993

3a. Date of Last Report
06/02/1995

4. FEI Number
65-0392149

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is also 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 of person performing service (i.e., registered agent) and date of filing

(If the Registered Agent's signature is required when filing, sign here)

DATE

12. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY, ST, ZIP
12.2
NAME
STREET ADDRESS
CITY, ST, ZIP
12.3
NAME
STREET ADDRESS
CITY, ST, ZIP
12.4
NAME
STREET ADDRESS
CITY, ST, ZIP
12.5
NAME
STREET ADDRESS
CITY, ST, ZIP
12.6
NAME
STREET ADDRESS
CITY, ST, ZIP
12.7
NAME
STREET ADDRESS
CITY, ST, ZIP
12.8
NAME
STREET ADDRESS
CITY, ST, ZIP
12.9
NAME
STREET ADDRESS
CITY, ST, ZIP
12.10
NAME
STREET ADDRESS
CITY, ST, ZIP

D
AHMAD, SYED
2316 NW 96TH WAY
POMPANO BEACH FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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. I am an officer or director of this 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 in change of or in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYED I. AHMAD

3/11/96 (305) 975-2653

CR2E034 (12/95)