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

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:25

DOCUMENT # **P93000029157 (3)**

1. Corporation Name
PRIME CENTRAL, INC.

Principal Place of Business	Mailing Address
3029 DAVIE BLVD. FT. LAUDERDALE FL 33312	3029 DAVIE BLVD. FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1993	3a. Date of Last Report: 06/14/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)
4. FEI Number: 65-0404441	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Certified Copies Desired ☐	$5.00 May Be Added to Fees
7. Enter Email Address:	
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

LORBER, ISADORE
2715 BOGOTA AVENUE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name: Mc COLLOUGH, JOHN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3029 W. DAVIE BLVD.
84 City: Ft LAUDERDALE FL 85 Zip Code: 333 12

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	LORBER, ISADORE	12 NAME	Mc COLLOUGH, JOHN	
STREET ADDRESS	2715 BOSTON	13 STREET ADDRESS	3029 W. DAVIE BLVD	
CITY ST ZIP	COOPER CITY FL 33026	14 CITY ST ZIP	FT LAUDERDALE FL 33312	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	PERKSS, DAVID	22 NAME	Mc COLLOUGH, SHAWN	
STREET ADDRESS	1210 HAMPTON BLVD., #81	23 STREET ADDRESS	864 SW 120 WAY	
CITY ST ZIP	N. LAUDERDALE FL 33068	24 CITY ST ZIP	DAVIE FL 33325	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Mc Collough JOHN Mc COLLOUGH 7-30-95 (305) 584-1633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074117 CP