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FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000042366 (3)

1. Corporation Name
PRUDENTIAL FLAMERS CORP.

Principal Place of Business

~~8781 PERIMETER PARK BLVD~~
~~SUITE 201~~
JACKSONVILLE FL 32216

Mailing Address

~~8781 PERIMETER PARK BLVD~~
~~SUITE 201~~
JACKSONVILLE FL 32216-8398



2. Principal Place of Business

21 500 SOUTH 3rd ST.

Suite, Apt. #, etc.

22 City & State

23 JKSU BEACH FL

24 Zip

32250

25 Country

US

2a. Mailing Address

26 500 SOUTH 3rd ST.

Suite, Apt. #, etc.

27 City & State

28 JKSU BEACH FL

29 Zip

32250

30 Country

US

3. Date Incorporated or Qualified

06/09/1993

3a. Date of Last Report

02/27/1996

4. FEI Number

59-3188051

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

9. Name and Address of Current Registered Agent

DARABI, FARZIN

~~8781 PERIMETER PARK BLVD~~
~~SUITE 201~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
500 SOUTH 3rd ST.

83

84 City
JACKSONVILLE BCH FL

85 Zip Code

32250

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	DARABI, FARZIN	150 ELEVENTH ST	ATLANTIC BCH FL	<input type="checkbox"/>
VD	DARABI, FRANK	730 N WALDO RD SUITE A	GAINESVILLE FL	<input type="checkbox"/>
STD	PARTOW, RAMIN	335 11TH STREET	ATLANTIC BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 904-244-3737
Date Daytime Phone #

CR2E034 (9/96)