

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90079 038 ***550.00

0094210 AV

DOCUMENT #		P94000014932		Secretary of State	
1. Entity Name		PRIME PROPERTIES OF CENTRAL FLORIDA, INC.		09-11-2003 90079 038 ***550.00	
Principal Place of Business		Mailing Address		Barcode	
8505 N. ORLEANS AVE TAMPA FL 33604		8505 N. ORLEANS AVE TAMPA FL 33604			
2. Principal Place of Business		3. Mailing Address		CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3226100	
Zip		Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MIRAN, ALEX 8505 N. ORLEANS AVE TAMPA FL 33604				Name	
2611 BAYSHORE #1801 TAMPA FL 33609				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
FILE NOW!!! FEE IS \$550.00					
After September 10, 2003 Fee will be \$750.00					
Make Check Payable to Florida Department of State					
9. Election Campaign Financing					
Trust Fund Contribution.					
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
Delete					
Change					
Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
Delete					
Change					
Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
Delete					
Change					
Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
Delete					
Change					
Addition					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
Delete					
Change					
Addition					
12. 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 report or supplemental 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 207, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: [Signature]					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					