FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000028581 (4)

PRIME SERVICES, INC.

Principal Place of Business	Mailing Address		
6300 PARK OF COMMERCE BLVD	6300 PARK OF COMMERCE BLVD		
BOCA RATON FL 33487	BOCA RATON FL 33487		

FILED May 19 1998 8:00am Secretary of State



BOCA RATON FL 33487		BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					04/11/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					65-0673626	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			,		5. Certificate of Status Desired	\$8.75 Additional Fee Required
27 City & State City & State					& Election Compaign Singular	
23	•	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7(p)	Z(p Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre		1001		10, Name and Address of New Registered Agent	
CM	ATT, MYRON I		81	Name		
		,	-	0+	(5.0 B. M. d	
6300 PARK OF COMMERCE BLVD			82	Street Add	Idress (P.O. Box Number is Not Acceptable)	
DUI	BOCA RATON FL 33487			 		
				ļ <u>.</u>		
			84	City	· F	85 Zip Code
11, Pursuant t office or re agent. I ar	o the provisions of Sections 607.05 ogistered agent, or both in the Stat in familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Horida Such change was a gations of, Section 607.0505, Flo	es, the above authorized he orida Statute	re-named cor y the corpora s.	rporation submits this statement for the purpose ation's hoard of directors. I hereby accept the ap	of changing its registered oppointment as registered
SIGNATURE						
	Signature Typed or printed harve of registered as			er I signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	OP	☐ DELETE	1.1 TOLE			Change Addition
NAME	SWATT, MYRON I		1.2 NAME			
STREET ADDRESS			13 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 C/TY- 2 1 T/TLE	ST-ZIP	·····	
TITLE	DVAS	™ DELETE				Change Addition
NAME	RAIBLE, RONALD 6300 PARK OF COMMERCE BLVD		2.2 NAME			
STREET ADDRESS			2 3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2 4 CITY	ST - ZIP		
TITLE	8TD X DELETE		3171111		•	Change Addition
NAME	STAPLETON, PHYLLIS		3.2 NAME			
STREET ADDRESS	6300 PARK OF COMMERCE	BLVD	3 3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		3.4. CITY-	ST-7IP		
TITLE	D	DELETE	4.1 THLE			Change Addition
NAME	HENNICK, JAY		4 2 NAME			
STREET ADDRESS	1140 BAY STREET, STE 400	00	4 3 STREE	T ADDRESS		
CITY-ST-ZiP	TORONTO, ONTARIO M5S 2		4.4 CITY-	ST-ZIP		
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	i		
TITLE		DELETE	61 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS				T ADDRESS		•
CITY-ST-7IP			64 CHV.			

14. 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 annual report or suppliements 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 of the appears in with an address.

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