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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0494174

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90115 033 ***150.00

DOCUMENT # P94000032171

1. Corporation Name

PRIME INVESTMENT TRUST, INC.

Principal Place of Business

8102 GREENSIDE LANE
BAYONET POINT FL 34667

Mailing Address

8102 GREENSIDE LANE
BAYONET POINT FL 34667

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

City & State

23

28. City & State

Zip

24

29. Zip

30. Country

9. Name and Address of Current Registered Agent

CAMARA, DIANE C
8102 GREENSIDE LANE
BAYONET POINT FL 34667

81. Name

82. Street Address (P.O. Box Number is Not 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARA, DIANE C	1.2 NAME	
STREET ADDRESS	8102 GREENSIDE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMARA, JOHN L	2.2 NAME	
STREET ADDRESS	8102 GREENSIDE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL 34667	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JANET M	3.2 NAME	
STREET ADDRESS	6708 S. QUINCY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK 74136	3.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:


REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1999 727-861-3761
Daytime Phone #

CR2E034 (11/98)