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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000046792 (5)**

1. Corporation Name

PRIME MOVERS, UNLIMITED, INC.

Principal Place of Business	Mailing Address
7033 HALL BLVD. LOXAHATCHEE FL 33470	7033 HALL BLVD. LOXAHATCHEE FL 33470

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/20/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0523149** ☐ 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

COURTYARD BUSINESS CENTER
10226 N.W. 47TH STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent

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 _____ 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAIKOWSKY, LEN	1.2 NAME	
STREET ADDRESS	2049 DISCOVERY CIRCLE E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	LUPFER, JAMES	2.2 NAME	
STREET ADDRESS	C/O TCI, 720 N.W. 27TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	AUFSEHER, SY	3.2 NAME	
STREET ADDRESS	205 S. EOLA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, HOWARD	4.2 NAME	
STREET ADDRESS	1815 N.W. 67TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	SHAFER, MARK	5.2 NAME	
STREET ADDRESS	7033 HALL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

☐ DELETE

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)(k), 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: _____ 2/1/96 4077901962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)