

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

FILED

Feb 27 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 # P94000046792 (5)

1. Corporation Name
PRIME MOVERS, UNLIMITED, INC.

Principal Place of Business
7033 HALL BLVD.
LOXAHATCHEE FL 33470

Mailing Address
7033 HALL BLVD.
LOXAHATCHEE FL 33470-4479



3. Date Incorporated or Qualified 06/20/1994
3a. Date of Last Report 02/08/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0523149		Applied For Not Applicable	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

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

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	SD CHAIKOWSKY, LEN <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2049 DISCOVERY CIRCLE E.	1.2 NAME	
STREET ADDRESS	POMPANO BEACH FL 33064	1.3 STREET ADDRESS	108 N. Highland Ave
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Phila, PA 19150 19058
TITLE	CD LUPFER, JAMES <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O TCI, 720 N.W. 27TH AVE.	2.2 NAME	
STREET ADDRESS	MIAMI FL 33125	2.3 STREET ADDRESS	10 Fairway Dr #307
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Deerfield Bch, FL 33442
TITLE	VD AUFSEHER, SY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 S. EOLA DRIVE	3.2 NAME	
STREET ADDRESS	ORLANDO FL 32801	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	PD GOODWIN, HOWARD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1815 N.W. 67TH AVE.	4.2 NAME	
STREET ADDRESS	MARGATE FL 33063	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	TD SHAFER, MARK <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7033 HALL BLVD.	5.2 NAME	
STREET ADDRESS	LOXAHATCHEE FL 33470	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/97 9547202225

CR2E034 (9/96)