

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FET 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☐ No

10. Name and Address of New Registered Agent

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: Type the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAIKOWSKY, LEN	
STREET ADDRESS	108 N HIGHLAND AVE	
CITY-ST-ZIP	PHILADELPHIA PA	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LUPFER, JAMES	
STREET ADDRESS	10 FAIRWAY DR. #307	
CITY-ST-ZIP	DEERFIELD BCH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	AUFSEHER, SY	
STREET ADDRESS	205 S. EOLA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOODWIN, HOWARD	
STREET ADDRESS	1815 N.W. 67TH AVE.	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAHER, MARK	
STREET ADDRESS	7033 HALL BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD Aufseher, Sy
3.3 STREET ADDRESS	3111 Acdsley Dr
3.4 CITY-ST-ZIP	Orlando, FL 32804

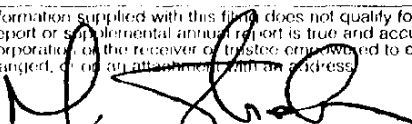
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TD Shafer, Mark
6.3 STREET ADDRESS	1300 W. Hillsboro Blvd
6.4 CITY-ST-ZIP	Deerfield Bch, FL 33442

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.

SIGNATURE:



Mark Shafer 2/4/98

561 790 1962

CR2E034 (10/97)