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Mar 17, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P94000046792

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/20/1994	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 owes the current year Intangible Personal Property Tax. 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 MARK SHAFER 82 Street Address (P.O. Box Number is Not Acceptable) 1300 W. HILLSBORO BLVD. 83 DEERFIELD BEACH 84 City FL 85 Zip Code 33442
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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]* DATE 3/17/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD CHAIKOWSKY, LEN	1.1 TITLE	
NAME	108 N HIGHLAND AVE	1.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD LUPFER, JAMES	2.1 TITLE	
NAME	10 FAIRWAY DR. #307	2.2 NAME	
STREET ADDRESS	DEERFIELD BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD AUFSEHER, SY	3.1 TITLE	
NAME	3111 ARDSLEY DR.	3.2 NAME	
STREET ADDRESS	ORLANDO FL 32804	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD GOODWIN, HOWARD	4.1 TITLE	
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	5.1 TITLE	
NAME	1300 W. HILLSBORO BLVD.	5.2 NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

Daytime Phone #

CR2E034 (11/98)