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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075541 (0)

PRIME SYSTEMS, INC.

Principal Place of Business Mailing Address

13200 BYRD DRIVE 13200 BYRD DRIVE
ODESSA FL 33556 ODESSA FL 33556

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. State Status Desired \$8.75 Additional Fee Required										10/07/1994				
Suite, Apt. 8, offic. 27	2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ap	plied For	
City & State Ci	21		26	26					59-3315737		l No	t Applicable		
City & State City & State City & City & State										5. Certificate of Status Desired				
28										6 Election Campaign Financing		\$5.00	May Bo	
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13200 BYRD DRIVE ODESSA FL 33556 Page								Nan	ne					
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SIGNATURE DATE DATE	11. Pursuant to the provisions of Sections 607.0502 and 697.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the provisions of Sections 607.0502 and 697.508, Florida Statutes, the above-named corporation's hoard of directors. I hereby accept the appointment as registered													
12.	agent. I an familiar with, and accept the obligations of, Seption 607.0505, Florida Statutes.													
12.	SIGNATURE 1-8-78													
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	14. hereby c	ertify that the i	nformation supplied with	n this f	iling does not qualify				ated in Se	ection 119.07(3)(i), Florida Statutes.	l further c	ertify that the	information	

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Piorical statutes. Flortier definition 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 comporation or the reasoner or trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of officer and that my name appears in Block 12 or Block 13 if changed, of officer and that my name appears in Block 12 or Block 13 if changed, of officer and that my name appears in Block 12 or Block 13 if changed, of officer and that my name appears in Block 12 or Block 13 if changed, of officer and that my name appears in Block 12 or Block 13 if changed, of officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed, officer and that my name appears in Block 12 or Block 13 if changed and that my name appears in Block 12 or Block 13 if changed and that my name appears in Block 14 or Bloc

SIGNATURE:

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