

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90221 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000054793

1. Corporation Name
PRIME PROPERTY, INC.



Principal Place of Business: 1345 ORANGE CIRCLE SOUTH, ORANGE PARK FL 32073
 Mailing Address: 1345 ORANGE CIRCLE SOUTH, ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **4033 COQUINA DR**
 Suite, Apt. #, etc.
 22
 City & State
 23 **JACKSONVILLE, FL**
 Zip Country
 24 **32250** 25 **DUVAL**

2a. Mailing Address
 26 **4033 COQUINA DR**
 Suite, Apt. #, etc.
 27
 City & State
 28 **JACKSONVILLE, FL**
 Zip Country
 29 **32250** 30 **DUVAL**

3. Date Incorporated or Qualified
07/12/1995

4. FEI Number
59-3324559
 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
SCHMIDT, JAMES A
1345 ORANGE CIRCLE SOUTH
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
4033 COQUINA DR
 83
 84 City **JACKSONVILLE** FL 85 Zip Code **32250**

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: *James A. Schmidt* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	SCHMIDT, JAMES A
STREET ADDRESS	1345 ORANGE CIRCLE SOUTH
CITY-ST-ZIP	ORANGE PARK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VPST
STREET ADDRESS	SCHMIDT, SHARON E
CITY-ST-ZIP	1345 ORANGE CIR. S. ORANGE PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHMIDT, JAMES A
1.3 STREET ADDRESS	4033 COQUINA DR
1.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32250
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPST
2.3 STREET ADDRESS	HART, S.E.
2.4 CITY-ST-ZIP	1890 TELUMSOB TRL SMYRNA, GA, 30080
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *James A. Schmidt* Date: **5-14-99** Daytime Phone # _____

CR2E034 (1/198)