

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90068 030 ***150.00

DOCUMENT # P95000087374

1. Entity Name
PRIME MANAGEMENT GROUP, INC.



Principal Place of Business
**6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US**

Mailing Address
**6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33431**

24026321



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0656418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **JAY HENNICK**
STREET ADDRESS **1140 BAY STREET, SUITE 4000**
CITY-ST-ZIP **TORONTO, CA**

TITLE **D** ☒ Change ☐ Addition
NAME **Jay S. Hennick**
STREET ADDRESS **1140 Bay Street, Suite 4000**
CITY-ST-ZIP **Toronto, ON M5S 2B4**

TITLE **PD** ☐ Delete
NAME **MYRON I. SWATT**
STREET ADDRESS **6300 PARK OF COMMERCE BLVD.**
CITY-ST-ZIP **BOCA RATON, FL**

TITLE **CD** ☒ Change ☐ Addition
NAME **Myron Swatt**
STREET ADDRESS **6300 Park of Commerce Blvd.**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **P** ☒ Delete
NAME **GRAY, DOUGLAS**
STREET ADDRESS **6300 PARK OF COMMERCE BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **AS / D** ☐ Change ☒ Addition
NAME **John B. Friedrichsen**
STREET ADDRESS **1140 Bay Street, Suite 4000**
CITY-ST-ZIP **Toronto, ON M5S 2B4**

TITLE **D** ☐ Delete
NAME **SOLLINS, CHARLES**
STREET ADDRESS **6300 PARK OF COMMERCE BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **CEO / P** ☒ Change ☐ Addition
NAME **Charles D. Sollins**
STREET ADDRESS **6300 Park of Commerce Blvd.**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **V** ☒ Delete
NAME **DALLIN, ROBERT**
STREET ADDRESS **6300 PARK OF COMMERCE BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VP** ☐ Change ☒ Addition
NAME **Andrew C. Lester**
STREET ADDRESS **6300 Park of Commerce Blvd.**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **ST** ☐ Delete
NAME **LANG, WENDY**
STREET ADDRESS **6300 PARK OF COMMERCE BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VP** ☐ Change ☒ Addition
NAME **Arnold J. Bernstein**
STREET ADDRESS **6300 Park of Commerce Blvd.**
CITY-ST-ZIP **Boca Raton, FL 33487**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wendy Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04
Date

(531) 997-4045
Daytime Phone #