

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90197 001 \*\*\*300.00

**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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

% Corporation Service Company  
1201 Hays Street  
Tallahassee, FL  
32301 USA

03082005

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

FILED 03/24/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JAY HENICK ☐ Delete  
STREET ADDRESS 1140 BAY STREET, SUITE 4000  
CITY-ST-ZIP TORONTO, ON m552b4

TITLE CD  
NAME MYRON I. SWATT ☐ Delete  
STREET ADDRESS 6300 PARK OF COMMERCE BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ASD  
NAME FRIEDRICHSEN, JOHN B ☐ Delete  
STREET ADDRESS 1140 BAY STREET, STE 400  
CITY-ST-ZIP TORONTO, ON m552b4

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

TITLE VP  
NAME LESTER, ANDREW C ☐ Delete  
STREET ADDRESS 6300 PARK OF COMMERCE BLVD  
CITY-ST-ZIP BOCA RATON, FL 33487

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Wendy Lang*

3/14/05

561 989 5044