

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90224 048 \*\*\*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

**C/O CORPORATION SERVICES COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAY HENNICK	
STREET ADDRESS	1140 BAY STREET, SUITE 4000	
CITY-ST-ZIP	TORONTO ON m5-52b4	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MYRON I. SWATT	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	FRIEDRICHSEN, JOHN B	
STREET ADDRESS	1140 BAY STREET, STE 400	
CITY-ST-ZIP	TORONTO ON m5-52b4	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	SOLLINS, CHARLES	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LESTER, ANDREW C	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANG, WENDY	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Scott Patterson	
STREET ADDRESS	1140 Bay St. Suite 4000	
CITY-ST-ZIP	Toronto, ON M5S 2B4	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #