

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 19 PM 4:05

DOCUMENT # P96000002988 (9)

1. Corporation Name

PRIMELOGIC TECHNOLOGIES, INC.

Principal Place of Business

1505 N. RIVERSIDE DRIVE
SUITE 708
POMPANO BEACH FL 33062

Mailing Address

1505 N. RIVERSIDE DRIVE
SUITE 708
POMPANO BEACH FL 33062-3331



BR 5/19/97

3. Date Incorporated or Qualified

01/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0655281

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

HUNEKE, THOMAS A
1505 N. RIVERSIDE DRIVE
SUITE 708
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUNEKE, THOMAS A
STREET ADDRESS 1505 N. RIVERSIDE DRIVE, SUITE 708
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ DELETE

TITLE D
NAME HUNEKE, OLGA B
STREET ADDRESS 1505 N. RIVERSIDE DRIVE, SUITE 708
CITY-ST-ZIP POMPANO BEACH FL 33062

☐ DELETE

TITLE D
NAME ULLOM, JAMES
STREET ADDRESS 3715 SANDPIPER DRIVE, SUITE 4
CITY-ST-ZIP BOYNTON BEACH FL 33438

☐ DELETE

TITLE D
NAME ULLOM, CHANDRA
STREET ADDRESS 3715 SANDPIPER DRIVE, SUITE 4
CITY-ST-ZIP BOYNTON BEACH FL 33438

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

000002188500--9

-05/22/97--01105--004

****165.00 ****165.00

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Huneke 5/1/97 (904) 785-3855
Pres.

Date

Daytime Phone #

0144278

CR2E034 (9/96)