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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P96000007742 (5)

LE PRIMATIF INC.

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



451 E. ALTAMONTE DR. #885 ALTAMONTE SPRINGS FL 32701		451 E. ALTAMONTE DR., #885 ALTAMONTE SPRINGS FL 32701		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified	OI NOL	
9 Principal P	lace of Business	2a. Mailing Address			01/25/1996 4. FEI Number	1 1400	liad Fac
21		26					Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 A	
22			27		5. Certificate of Status Desired Fee Required		
City & State		City & State	*******		6. Election Campaign Financing \$5.00 May Be		May Re
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cur	rrent year Inta	ngible
24	25			Personal Property Tax due June 30. 🔀 Yes 🔲 No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	NNEY, LARRY			81 Name			
	71 FAWN RUN		-	Street A	Address (P.O. Box Number is Not Acceptable)		
OV	1EDO FL 32765						
				B3			
				84 City	am s	85 Zip C	ode
					FL	<u> </u>	
11. Pursuant office or re	to the provisions of Sactions 607.0: egiste red agent, or both, in the Sta	502 and 607.1508, Florida Stat u to of Florida. Such change was	tes, the ab authorized	ove-named by the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the app	f changing its pointment as re	registered eaistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS (NO	TE: Registered	Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	: INI 12
TITLE	· Of fields	DELETE	1.1 []]	F T	ADDITIONAJCI ANGLO TO OFFICE AS ANG	Change	Addition
NAME	TANNEY, LARRY		1.2 NAI	i i			
STREET ADDRESS	2471 FAWN RUN			EET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			7-S1-ZIP			
TITLE			21 1111			Change	Addition
NAME	TANNEY, CYNTHIA		2 2 NAI	AE			
STREET ADDRESS	2471 FAWN RUN		2 3 STF	eet aodress	· · · · · · · · · · · · · · · · · · ·		-
CITY-ST-ZIP	OVIEDO FL 32765		2 4 CITY-5				
TITLE	DELETE		3 1 TITI	E		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STF	EET ADDRESS			ļ
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	☐ DELETE			Ē		Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EET ADDRESS			
CITY-ST-ZIP		·	4.4 CIT	r-ST-ZIP			
TITLE	DELETE		5.1 TITI	€		☐ Change	☐ Addition
NAME			5.2 NAI	ME			Ì
STREET ADDRESS			5.3 STF	EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		☐ DELETE				Change	Addition
NAME			6.2 NA	AE			
STREET ADDRESS			6.3 STF	EET ADDRESS			
CITY+ST-ZIP			6.4 CłT	/ - 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.

M. 1 - 1998 (con) 710 914