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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P96000035065 (7)

## FILED May 15 1998 8:00am Secretary of State

A-1 PRIME PROPERTIES, INC.				# #### #### ##########################
Principal Place of Business	Mailing Address			)
934 N.W. 130 TERRACE	934 N.W. 130 TERRACE			
SUNRISE FL 33325	SUNRISE FL 33325		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	7
			04/22/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0670896	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	<b>26</b>   	Country	Trust Fund Contribution      This corporation owes or has paid the cu	Added to Fees
24 25	29	30		Yes KL No
9. Name and Address of Current F			10. Name and Address of New Registered	
BLOOMGARDEN, PAUL M		B1 Name	1 1 1	
8551 WEST SUNRISE BLVD.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 100A		<u>    X32</u>	10 W. SUNIS- Blud #203	<u> </u>
FORT LAUDERDALE FL 33322		83		
		84 City Plan		85 Zip Code
			tation FL	-    23322
<ol> <li>Pursuant to the provisions of Sections 607.0502 a office or registered agent or both, in the State of agent. I am familiar with anyth accept the obligated</li> </ol>	ind 607.1508, Flori <b>da Statut</b> Florida, Such cha <b>nne was</b> a	es, the above-named corp	poration submits this statement for the purpose o	f changing its registered
agent. I am familiar with, and accept the obligate	ins of, Section 607.0505, Flo	orida Statutes.	ions board of directors. Thereby accept the app	Allianioni as registered
SIGNATURE			1/35/98	
Signature, typed or printed name of registers of apert in OF FICERS AND I	· · · · · · · · · · · · · · · · · · ·	E: Registered Agent signature requir		D DIDECTORS IN 12
TITLE D	DELETE	13. 1.1 Title	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME KRAUT, LEE		1.2 NAME		El change El hagainen
STREET ADDRESS 934 N.W. 130 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP SUNRISE FL 33325		1.4 CITY-ST-ZIP		
TITLE	☐ DELE1E	2.1 TITLE	44.5	Change Addition
NAME		22 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		\
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE	L_J DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE	DELETE	6.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	FT OFFEIG	6.2 NAME		E Change E Macialett
STREET ADDRESS		6.3 STREET ADDRESS		
		DIS STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4. I hereby certify that the information supplied with this filling does not guality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicemental annual report is true and accidate 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 for the receiver or division complexes to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on an attantiment with an address.

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Danch of

4/20/98 954-84-8355