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FILED
May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043900 (5)

1. Corporation Name

~~TOP TEN TRAINER, INC.~~ now known as Prism Worldwide, Inc. NC 12-20

Principal Place of Business

C/O KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

Mailing Address

C/O KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-4332



2. Principal Place of Business
21 4000 Island Boulevard

Suite, Apt. #, etc.

22 PH-3

City & State

23 North Miami Beach, FL

Zip

24 33160

Country

25

2a. Mailing Address

26 4000 Island Boulevard

Suite, Apt. #, etc.

27 PH-3

City & State

28 North Miami Beach, FL

Zip

29 33160

Country

30

3. Date Incorporated or Qualified
05/16/1996

3a. Date of Last Report
none

4. FEI Number
65-0674331

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

CARMAN, GARY M
C/O KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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 President/Secretary/Treas. ☐ DELETE
NAME Fletcher, Harold
STREET ADDRESS 4000 Island Boulevard, PH-3
CITY-ST-ZIP North Miami Beach, FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Secretary/Treas. ☐ Change ☐ Addition
1.2 NAME Fletcher, Harold
1.3 STREET ADDRESS 4000 Island Boulevard, PH-3
1.4 CITY-ST-ZIP North Miami Beach, FL 33160

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

HAROLD FLETCHER, PRES.

205-433-0222

CR2E034 (9/96)