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

PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049521 (3)

P.R.M. DEVELOPMENT, INC.

1 10.00	OCTUBOR MENT) NO.					ŀ				
Principal Plac	ce of Business	Mailing Address						JI BANK BAKA BI	TIO IDIOL BUILE II	
555 SOUTH FEDERAL HIGHWAY SUITE 320 BOCA RATON FL 33432 555 SOUTH FEDERAL HIGHWAY SUITE 320 BOCA RATON FL 33432							DO NOT WE	RITE IN THIS	SPACE	
						Γ	3. Date Incorporated or Qualific	ad		
						1	06/11/1996			
_	Place of Business	28, Mailing Address				4. FEI Number		Applied For		
21 Sulta Ant	# ata	Suite, Apt. #, etc.				65-0677822			ot Applicable	
Sulte, Apt.		27				5. Certificate of Status Desired			Additional lequired	
City & Stat	le	City & State					Election Campaign Financing Trust Fund Contribution	9 		May Be to Fees
Zip	Country	Z _I p Co			7		8. This corporation owes or has	s paid the ci	urrent year In	itangible
24	25	29	30				Personal Property Tax due J			□No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>	T		10. Name and Address of New	Registered	l Agent	
HA	NIMOWWITZ, HAROLD B			81	Name					
555 SOUTH FEDERAL HIGHWAY					Street	Address	(P.O. Box Number is Not Accep	ptable)		
SUITE 320				83						
BO	OCA RATON FL 33432			03	ļ					
				84	City				85 Zip	Code
- A4 - B	4. A	00 1 002 1500 50 1		<u>_</u>	1			<u>Fl</u>		
office or agent. I a	to the provisions of Sections 607.05t registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was pations of, Section 607.0505, Fl	authorize Iorida Sta	d by	y the corp s.	poration'	s board of directors. I hereby ac	cept the ap	pointment as	registered
SIGNATURE	Signature, typed or printed name of registured ag	ent and title if applicable (NO	1E: Registere	ed Age	ent signature	e required w	viten reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.				ADDITIONS/CHANGES TO O	FFICERS AN		RS IN 1/2
TITLE	D	•		TLE	Pre		sident		Change	Addition
NAME	MCALLISTER, PETER B		1.2 N	1.2 NAME			Coloron FL 33			
STREET ADDRESS				1.3 STREET ADDRESS			1 SW 12 HOE			
CITY-ST-ZIP	BOCA RATON FL 33432					BCX	scikation re 33	725		
TITLE	SD	☐ DELETE 2.11							Change	☐ Addition
NAME	ANZALONE, JENNIFER		2.2 N		ļ	1				
STREET ADDRESS	555 S FEDERAL HWY, 320			2.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATONF L	DELEJE		2.4 CITY-ST-ZIP		ļ	- 		1 06	Adde
TITLE				3.1 TITLE 3.2 NAME		}			Change	☐ Addition
NAME	MCALLISTER, J PHILLIP									
STREET ADDRESS	1240 SINGER DR				T ADDRESS					
CITY-ST-ZIP				3.4 CITY-ST-ZIP 4.1 TITLE		 			Change	Addis-
TITLE					i	1			∐ Change	Addition
NAME			4.21							
STREET ADDRESS					ADDRESS	-				
CITY-ST-ZIP TITLE		DFLETE	4.4 C		ST- ZIP	 -			Change	Addition
SIIILE	1	I I DELETE	■ b.1 [1111	,	į.			i i Utianoe	i i Additibh

CITY-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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

Addition

Addition

FILED

Apr 28 1998 8:00am

Secretary of State