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

PROFIT CORPORATION ANNUAL REPORT

1997



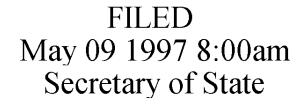
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090274 (7)

PRIME APPOINTMENTS, INC.





							ODI ALUK IRD)
Principal Place of Business Mailing Address					f indianal din latte Attit Stiff Chile Phi	14 M D 14 M 4 M 17 1 M D 2 J M 1 J 1 J 1	ANTI NEDE SPAS
4203 VINELAND ROAD SUITES K-13 & K-14 ORLANDO FL 32811		4203 VINELAND ROAD SUITES K-13 & K-14					
ONDANDO PC	32511	ORLANDO FL 32811-6627			3. Date Incorporated or Qualified	Too Constitution	
					11/04/1996	3a. Date of Las	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	I Forting R	eport
21		26		1 11	··-	Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-3417592	Not Applicable		
22		[27]		5. Certificate of Status Desired Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
[Zip Country 2		Zip	Zip Country		B. This corporation has liability for intangible tax under s. 199.032,		
24	h h		30		Florida Statutes Yes No		
	9, Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
DIA	MOND, PHILIP A		81	Name			
CAR	RLTON, FIELDS		82	Discont Ada	ress (P.O. Box Number is Not Acceptat	-1-1	
	S. ORANGE AVE. SUITE 1600		62	Street Add	ress (F.O. Box Number is Not Acceptat	010)	
ORL	ANDO FL 32801		83		THE PARTY OF THE P		
			64	City		FL 85 20	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the r	ourpose of changing	its registered
office or r	registered agent, or both, in the State of am familiar with, and account the obligat	f Florida. Such change was ions of Section 607 0505. El	authorized b	y the corpora	poration submits this statement for the patients board of directors. I hereby acception's	pt the appointment	as registered
SIGNATURE.	an is a second to the configuration of the configur	10115 51, 0000011 007.0000, 11	ionda olaioic	· .			
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NO	1L Registered Ag	ent signature requ	pired when reinstating)	DATE	
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	ORS IN 12
TITLE	D .	DELETE	1.1 TITLE			Change	e 🔲 Addition
NAME	JOLLY, ERIC		1.2 NAME				
STREET ADDRESS				I ADDRESS			.
CHTY-ST-ZIP	ORLANDO FL 32811		1.4 CiTY~	\$1-7IP			
TITLE		☐ DELETE	2.1 TO LE			Change	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-	S1-ZIP			1
TITLE		☐ DELETE	3.1 TITLE			Change	e Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STHEE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	S1-ZIP			
TITLE		DELETE	41 TITLE			Change	e 🔲 Addition
NAME			4.2 NAME	İ			
STREET ADDRESS			4 3 STREE	I ADDRESS			
CITY-ST-ZIP			4.4.CITY-1	ST-ZIP			
TITLE		☐ DELETE	5 1 141 LE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	I ADDRESS			
CITY-ST-ZIP		NF 1078 14 List 11 Lis	5.4 CiTY - 5	ST - 7IP			
TITLE	-	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			1
CITY-ST-ZIP			6.4 CITY - 9	31 - ZIP			1

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 eath; 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.