

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

FILED

Mar 05 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 # P96000092147 (3)

1. Corporation Name

PRIMROSE PATH MINIATURES, INC.

Principal Place of Business

1521 SE ARDELLA COURT
PORT ST. LUCIE FL 34952

Mailing Address

1521 SE ARDELLA COURT
PORT ST. LUCIE FL 34952-4275



3. Date Incorporated or Qualified
11/08/1986

3a. Date of Last Report

2. Principal Place of Business

21 3477B SW PALM CITY SCHOOL

2a. Mailing Address

26 1521 SE ARDELLA

4. FEI Number

65-0706474

Applied For

Not Applicable

Suite Apt #, etc.

22 AVENUE

Suite Apt #, etc.

27 COURT

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 PALM CITY FL.

City & State

28 Port St. Lucie FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 34990

Country

25 USA

Zip

29 34952

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

ANN SETARO

82 Street Address (P.O. Box Number is Not Acceptable)

1521 SE ARDELLA COURT

83

84

City Port St. Lucie

FL

85 Zip Code

34952

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

ANN SETARO

ANN SETARO, PRESIDENT

2-27-97

Signature type: For printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SETARO, ANN	
STREET ADDRESS	1521 SE ARDELLA COURT	
CITY - ST - ZIP	PORT ST. LUCIE FL 34952	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SETARO, DAWN-MARIE	
STREET ADDRESS	2804 SW GREENICH WAY	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

ANN SETARO

ANN SETARO

2-27-97

800-536-6802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)