

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000005026**

1. Corporation Name

**Primestime Moving & Delivery INC**

Principal Place of Business

**3135 Village Blvd  
West Palm Beach, FL 33409**

Mailing Address

**3515 Village Blvd  
West Palm Beach, FL 33409**

2. Principal Place of Business

21 **SAME**

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

25

2a Mailing Address

26 **SAME**

Suite, Apt #, etc

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**MUSCO, ANTONINO**

**3515 Village Blvd**

**West Palm Beach, FL 33409**

81 Name

82 Street Address (P.O. Box Numbers 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 firm, if applicable

(NOTE: Registered Agent signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE [ I DELETE ]

NAME **Edward Kirschner**

STREET ADDRESS **3515 Village Blvd**

CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE [ I DELETE ]

NAME **Anthony Musso**

STREET ADDRESS **3515 Village Blvd**

CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE [ I DELETE ]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ I DELETE ]

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [ I DELETE ]

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ I Change ] [ I Add ]

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**600002867546--4**

**-05/07/99--01100--001**

**\*\*\*\*150.00 \*\*\*\*150.00**

**600002867546--4**

**-05/07/99--01100--002**

**\*\*\*\*150.00 \*\*\*\*150.00**

**FILED**

99 MAY -3 PH 1:46

STATE  
TAMPA, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**1/13/97**

4. FET Number

**65-0724114**

Applicable  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax

[ I Yes ] [ I No ]

10. Name and Address of New Registered Agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/99**

CR2E034 (1/98)

(2)

**Beacon Accounting Service, Inc.**  
**3135 S. W. Mapp Road**  
**Palm City, Florida 34990**  
**561-287-5958**  
**561-287-9776**  
E-mail: masbas@flinct.com

February 26, 1999

Florida Department of State  
Division of Incorporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Prime Time Moving & Delivery, Inc.  
Annual Report Filing  
Document #P97000005026

Dear Sirs,

As we have reviewed our above referenced client's records in order to prepare their 1998 tax returns, we realized that their 1998 Annual Corporate Report was not filed.

I was responsible for forwarding the corporations annual report in a timely manner. My office was burglarized on April 9, 1998 (see police report) which involved the complete destruction of our records. In rebuilding our records we discovered that Prime Time Moving & Delivery, Inc.'s annual report was part of the evidence involved in the burglary.

Given the situation, I respectfully request an abatement of the late filing charges and reinstatement of the corporation, if necessary, at the regular filing fee of \$150.00.

Enclosed please find two checks for \$150.00 each which represent the filing fee for 1998 and 1999 Profit Corporation Annual Reports for Prime Time Moving & Delivery, Inc. Please forward the 1999 report and any other paperwork you may require to their address on file and they will sign and return it as soon as possible.

Your anticipated cooperation and understanding in this matter is greatly appreciated.

Thank you,

Joseph R. Rizzuto  
President

# **SWORN STATEMENT IN PROOF OF LOSS**

Claim No. 00073

Policy Number  
SMP00050 0007-3

Agency at  
JENSEN BLH  
Agent

RICK CARROLL INS AGCY/SERVICE INSURANCE COMPANY

At time of loss, by the above indicated policy of insurance, you insured JOE RIZZUTI dba

BEACON ACCOUNTING

against loss by THEFT LOSS to the property described under Schedule "A", according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A THEFT loss occurred about the hour of \_\_\_\_\_ o'clock \_\_\_\_\_ M., on the 9 day of APRIL, 19 98. The cause and origin of the said loss were:

UNKNOWN PERSONS BROKE INTO  
BUSINESS AND STOLED OFFICE EQUIPMENT

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: (If property was located elsewhere, give its location.)

ACCOUNTING

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was:

No other person had any interest therein or encumbrance thereon, except:

NONE

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except:

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$ \_\_\_\_\_ as more particularly specified in the apportionment attached under Schedule "C" besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. The actual cash value of said property at the time of loss was \$ \_\_\_\_\_

7. The whole loss and damage was \$ 30,512.15

8. Less amount of deductible \$ 500.00

9. The amount claimed under the above numbered policy is \$ 30,012.15

The said loss did not originate by any act, design or procurement on the part of your insured or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

In consideration of and to the extent of said payment, the undersigned hereby assigns and transfers to the said company, all rights, claims, demands, and interests which the undersigned may have against any party through the occurrence of such loss and authorizes said company to sue, compromise or settle, in the name of the undersigned or otherwise, all such claims and to execute and sign releases and acquittances in the name of the undersigned.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

Witness Hegonyl Nelson

State of 4-22-98

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_ Notary Public

[Signature] Insured  
[Signature] Insured  
[Signature] Insured  
[Signature] Insured  
[Signature] Insured  
[Signature] Insured