

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000005734 (3)**

1. Corporation Name:

PRIME INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

**2900 N.E. 30TH STREET
SUITE H-6
FORT LAUDERDALE FL 33306**

**2900 N.E. 30TH STREET
SUITE H-6
FORT LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

65-0721667

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**JAMISON, DAVID J
2900 N.E. 30TH STREET
SUITE H-6
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name

Rodrigo Posada

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

715 N. BEL AIR DRIVE

83

84 City

PLANTATION

FL

85

Zip Code
33317

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when registering)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
D
**JAMISON, DAVID J
2900 N.E. 30TH STREET, SUITE H-6
FORT LAUDERDALE FL 33306**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Addition

☐ DELETE

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14. I hereby certify that the information supplied with this form 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:

[Signature]

4/30/98

CR2E034 (10/97)