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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700005734 (3)

PRIME INSURANCE SERVICES, INC.					
Principal Plac	e of Business	Mailing Address			1818) BISTI BORBO 1551 BIDI 1831
2900 N.E. 30	TH STREET	2900 N.E. 30TH STREET			
SUITE H-6 FORT LAUDERDALE FL 33306		SUITE H-6	2000	DO NOT WORK IN THE	12 OD 4 OF
FUNI LAUDE	HUMLE PL 33300	FORT LAUDERDALE FL 3	3306	DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified 01/21/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0721667	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		27			Fee Required
23	t	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr			10. Name and Address of New Registers	
	MISON, DAVID J		81 Name	main Paris	
2900 N.E. 30TH STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ITE H-6			IS N. BEL AIR	DRIVE
FO	RT LAUDERDALE FL 33306		83		
			84 City	LANTATION F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.00	502 and 607.1508, Florida Statute	s, the above-named con	poration submits this statement for the purpose	
office or r agent. La	egistered agent or both, in the Sta m familing with, aud accept the obl	te of Florida, Such change whs a gallons of Section 607/0506. Flo	uthorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	12	4	nda (tiatates:	11/30/3	0
SIGNATORE	Sagnature, typed or pointed many of registered a	in Corel (the diapple able (NOTE	Registered Agent signature requir	red when reinstating) DATE	2
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	MANICON DAVID I	☐ DELETE	1.1 TULE		Change Addition
NAME	JAMISON, DAVID J 2900 N.E. 30TH STREET, S	HITE LI A	1.2 NAME		
STREET ADDRESS	FORT LAUDERDALE FL 333		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TONT EXODERDACE TE 333	DELETE	1.4 City-St-ZiP		
NAME			21 TIPLE		Change Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2 3 STREET ADDRESS 2. 4 City - St - Zip		
TITLE		DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TIILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-S1 - ZIP		
TITLE		☐ DETEIE	5.1 THLE	-	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	· · · · - · · · · · · · · · · · · · · ·	
TITLE		DELFTE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	ortify that the information supplied	with this films dearlost qualify for	6.4 CITY-ST-ZIP	Section 119 07/2/(i) Florido Statutos I furlher	

Thereby coming that the information supplied with this time, deepnot quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental amonal 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 true tee 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 or an attackment with an address.