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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an altack



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000011647 (9)

PRIME INVESTORS AND DEVELOPERS, INC.

Principal Place of Business Mailing Address 21218 SAINT ANDREWS BOULEVARD 21218 SAINT ANDREWS BOULEVARD SUITE 510 SUITE 510 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 02/05/1997 Applied For 2, Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing City & State \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name Greenfield, Steven B 7000 WEST PALMETTO PARK ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 402 **B3 BOCA RATON FL 33433** 84 Zip Code City 85 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE PD NAME ABBO, FREDDY 1.2 NAME 21218 SAINT ANDREWS BOULEVARD, SUITE 510 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 1.4 City-St-ZiP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE **VD** ABBO, LARRY MAYER 2.2 NAME NAME 21218 SAINT ANDREWS BOULEVARD, SUITE 510 2 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE ABBO, EDUARDO 3.2 NAME NAME 21218 SAINT ANDREWS BOULEVARD, SUITE 510 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL 33433** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME ABBO, EVA 21218 SAINT ANDREWS BOULEVARD, SUITE 510 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 4.4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

CHATURE JAMES AND THEREN M NAME JAN 6 1998 OCA/CCZIN

6.4 CITY-ST-ZIP

14. I 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 suppliemental annual report is true and experience 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 fustee empower in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in