


FILED
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Secretary of State

06-01-1999 90037 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000011647 1. Corporation Name PRIME INVESTORS AND DEVELOPERS, INC.			
Principal Place of Business 21218 SAINT ANDREWS BOULEVARD SUITE 510 BOCA RATON FL 33433		Mailing Address 21218 SAINT ANDREWS BOULEVARD SUITE 510 BOCA RATON FL 33433	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
24 25		29 30	
8. Name and Address of Current Registered Agent GREENFIELD, STEVEN B 7000 WEST PALMETTO PARK ROAD SUITE 402 BOCA RATON FL 33433		10. Name and Address of New Registered Agent 81 Name Abbo Freddy 82 Street Address (P.O. Box Number is not Acceptable) 21218 St. Andrews Blvd. # 510 83 84 City Boca Raton FL 85 Zip Code 33433	
11. Pursuant to the provisions of Sections 607.0502 and 607.7508, 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 Sections 607.0505, Florida Statutes. SIGNATURE _____ DATE 6-21-1999 <small>Signature typed in plaintext as name of registered agent and date is acceptable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME ABBO, FREDDY STREET ADDRESS 21218 SAINT ANDREWS BOULEVARD, SUITE 510 CITY-ST-ZIP BOCA RATON FL 33433		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> DELETE NAME ABBO, LARRY MAYER STREET ADDRESS 21218 SAINT ANDREWS BOULEVARD, SUITE 510 CITY-ST-ZIP BOCA RATON FL 33433		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME ABBO, EDUARDO STREET ADDRESS 21218 SAINT ANDREWS BOULEVARD, SUITE 510 CITY-ST-ZIP BOCA RATON FL 33433		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE NAME ABBO, EVA STREET ADDRESS 21218 SAINT ANDREWS BOULEVARD, SUITE 510 CITY-ST-ZIP BOCA RATON FL 33433		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 1999

Date

(561) 702-0436

Daytime Phone #

CR2E034 (1/198)