PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031203

1. Corporation Name

PRIME PUBLIC RELATIONS & MARKETING INC.

Principal Place of Business

Mailing Address

2325 SWEETWATER COUNTRY CLUB PLACE APOPKA FL 32712

P.O. BOX 5192

LONGWOOD FL 32791-5192

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90122 026 ***150.00



	·		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualifed 04/07/1997		
2. Principal Place of Bysiness 2a. Mailing Address		4. FEI Number	Applied For	
21 3784 DRANTIEU PL 26		59-3454117	Not Applicable	
Suite Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired - See Required Fee Required		
City & State City & State		6. Election Campaign Financing	\$5.00 May Be	
3 28		Trust Fund Contribution	Added to Fees	
Zip Country Zip	200x a Comunitati		8. This corporation owes the current year Intangible Personal Property Tax Ves No	
	30	Personal Property Tax. 10. Name and Address of New Registered A		
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered		
D'OLYMPIO LINDA				
2325 SWEETWATER COUNTRY CLUB PLACE	est (P.O. Box Number is Not Acceptable)	ĺ		
APOPKA FL 32712				
.,	1/1	moka -		
	84 City	~/ FL	85 32 703	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute	s, the above-named corpo	pration submits this statement for the purpose of	changing its registered	
office or registered agent, or both, in the State of Florida Such change was au agent. I am familiar with, and accept the dollastiant of Section 607.0505, Flori	ithorized by the corporation ida Statutes.	n's board of directors, I hereby accept the appoin	Muleut as registered	
SIGNATURE Signaturi, typed or printed name of registered agent and title if application. (NOTE:	Registered Agent signature required	when reinstating) DATE		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE D DELETE	1.1 TITLE		Change	
NAME D'OLYMPIO, LINDA	1.2 NAME			
STREET ADDRESS 3784 BRANTLEY PL	1.3 STREET ADDRESS			
CITY-ST-ZIP APOPKA FL 32703	1.4 CITY- ST- ZIP			
TITLE DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	2.2 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			
-CITY-ST-ZIP	2.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE DELETE	3.1 TITLE	•	☐ Change ☐ Addison	
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE DELETE	4.1 TITLE		C onlinge C radicion	
NAME	4. 2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP DELETE	4.4 CITY-ST-ZIP		Change Addition	
	5.1 TITLE 5.2 NAME			
NAME	5.3 STREET ADDRESS			
STREET ADDRESS	5.4 CITY-ST-ZIP			
CITY-ST-ZIP DELETE	6.1 TITLE		☐ Change ☐ Addition	
	6.2 NAME			
NAME	6.3 STREET ADDRESS		\	
STREET ADDRESS	6.4 CITY-ST-ZIP		ĺ	
CITY-ST-ZIP	0.4 CH 1-51-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 chapter, or on an attachment with an actions, with all other like empowered.