

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S33416** (6)

1. Corporation Name
PRIME CONE, INC.

Principal Place of Business

**616 MARINER WAY
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**616 MARINER WAY
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CONE, ALAN
616 MARINER WAY
ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified

02/21/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3061632

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 has liability for intangible tax under s. 199.032,
Florida Statutes.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 of Registered Agent

Signature of Officer or Director

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PST	CONE, ALAN	616 MARINER WAY	ALTAMONTE SPRINGS FL	☐
D	CONE, ALAN	616 MARINER WAY	ALTAMONTE SPRINGS FL	☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADDITION
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on the actual entry in an address.

SIGNATURE: *Alan Cone* ALAN F. CONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

407-8345046

CR2E034 (12/95)