

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S35473 (5)
1. Corporation Name
PRIME FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address
13535 FEATHER SOUND DRIVE
SUITE 405
CLEARWATER FL 34622
13535 FEATHER SOUND DRIVE
SUITE 405
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13907 N. Dale Mabry		26 13907 N Dale Mabry		03/04/1991	
22 Suite, Apt. #, etc. 201		27 Suite, Apt. #, etc. 201		4. FEI Number	
23 City & State Tampa, FL		28 City & State Tampa, FL		59-3041509	
24 Zip 33618		29 Zip 33618		5. Certificate of Status Desired	
25 Country USA		30 Country USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LANE, JEFFREY G 13535 FATHER SOUND DR. SUITE 405 CLEARWATER FL 34622		81 Name Jeffrey G Lane	
		82 Street Address (P.O. Box Number is Not Acceptable) 16131 Belle Meade Blvd	
		83	
		84 City Odessa FL 85 Zip Code 33556	

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 *Jeffrey G Lane Pres.* DATE 4-30-98
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, JEFFREY G.	1.2 NAME	
STREET ADDRESS	4702 SOUTHBREEZE DR.	1.3 STREET ADDRESS	16131 Belle Meade Blvd
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Reed, Jerry M
STREET ADDRESS		2.3 STREET ADDRESS	13964 106th Ave N
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Largo FL 33774
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Jeffrey G Lane* DATE: 4-30-98

CR2E034 (10/97)