

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S36088** (0)

1. Corporation Name  
**PRIME STOP, INC.**

Principal Place of Business: **1121 ELLIS ROAD SOUTH JACKSONVILLE FL 32205**

Mailing Address: **1121 ELLIS ROAD SOUTH JACKSONVILLE FL 32205**

2. Principal Place of Business: 21  
Suite, Apt. #, etc: 22  
City & State: 23  
Zip: 24 Country: 25

2a. Mailing Address: 26  
Suite, Apt. #, etc: 27  
City & State: 28  
Zip: 29 Country: 30

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 18 PM 3: 54

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1991** 3a. Date of Last Report: **01/20/1994**

4. FEI Number: **59-3054297** 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

9. Name and Address of Current Registered Agent

**RAYMOND ALBERT, ELIAN  
5365 OAK BAY DR. NORTH  
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ 85 Zip Code: **FL**

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 \_\_\_\_\_ (Signature of person registered agent or officer or director)  
I, \_\_\_\_\_ (Name of person registered agent or officer or director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT, ELIAN RAYMOND</b>	2. NAME	
STREET ADDRESS	<b>5365 OAK BAY DR. NORTH</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	4. CITY, ST, ZIP	
TITLE	<b>S</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT, LOUIS</b>	6. NAME	
STREET ADDRESS	<b>5365 OAK BAY DR. NORTH</b>	7. STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

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 the 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: *Elian Albert* - **ELIAN RAYMOND ALBERT** 1/20/95 (904) 793-1757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR