

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of person registered agent or officer of corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, ELIAN RAYMOND	2. NAME	
STREET ADDRESS	5365 OAK BAY DR. NORTH	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4. CITY, ST, ZIP	
TITLE	S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, LOUIS	22. NAME	
STREET ADDRESS	5365 OAK BAY DR. NORTH	23. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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