

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

FILED
May 08 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 # V08489 1. Corporation Name: P.R.I.M.E. OF SOUTH FLORIDA, INC.			
Principal Place of Business: 8348-B STATE RD 84 DAVIE, FL 33324		Mailing Address: 8348-B STATE RD 84 DAVIE, FL 33324	
2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent: DOVI DABACH 8348-B STATE RD 84 DAVIE, FL 33324		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	
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: _____ (Type or print name of officer or director who is signing this report) _____ (Type or print name of registered agent who is signing this report) _____ DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
P.D. ELAINE DABACH 8348-B STATE RD 84 DAVIE, FL 33324		11 12 13 14	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
J.S.D. DOVI DABACH 8348-B STATE RD 84 DAVIE, FL 33324		21 22 23 24	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
V.P. ERIK DABACH 8348-B STATE RD 84 DAVIE, FL 33324		31 32 33 34	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
		41 42 43 44	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
		51 52 53 54	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
		61 62 63 64	
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 form, and on any supplemental 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/98 9344706025 300002523603 -05/14/98--01060--019 ***150.00	

CR2E034 (10/97)