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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996	COD WY 18	DIVISION OF CORPORATION	S
DOCUMENT # 1. Corporation Name PRIME BROKERS I	V22545	(0)	
Principal Place of Business	Mail	ng Address	
273 U.S. HIGHWAY #1 TEQUESTA FL 33469	:	273 U.S. HIGHWAY #1	



,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 2 30 100	TEGOLOTT TE OOTO	•						
						3. Data Incompared or Qualified 03/19/1992	3a. Date	5/16/19	95
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FLI NUMBER 65-0330455	-h	L L	oplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc	<del></del> -			5. Certificate of Status Desired		•	Additional equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Ζ(ρ <b>24</b>	Country 25	Zip 29	Cour 30	ntry		8. This corporation has liability for in		unders 1	99.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered A	gent	
- <del></del>		···		81	Name			<b></b>	
	e, shelia m.		1			75.6			
	S. HIGHWAY #1			82	Street Addre	ess (P.O. Box Number is Not Acceptab	(-∋)		
TEQUE	STA FL 33469			83					~ <del></del>
				84	City		FL	85 Zip (	Code
familiar with SIGNATURE	n, and accept the obligations of, Sections of sections of sections of registered agent	on 607.0505, Florida Statutes	S.			d of directors. Thereby accept the appearance of	DAN		- ··
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 12
TITLE	LEPAGE, SHEILA M.	DELETE.	1. 1 TO	LE				Change	Addition
NAME	273 U.S. HWY #1		1.2 NA	Μŧ					
STREET ADDRESS	TEQUESTA FL		1.3 STE	REET AS	NDDRESS.				
Crty-St-ZiP			1.4 CIT	Y-\$1	ZIP				
TITLE	LEPAGE, GENE R.	☐ DELETE	2 1 111	υĒ				Change	ncitibbA
NAME	200 OCEAN TRAILWAY		2.2 NAI	ME					
STREET ADDRESS	JUPITER FL		2.3 STF	HEFT A	CORESS				
CHTY - ST - ZIP			24 CF		7IP				
TITLE		DELETE	3 1 TH					Change	Addition
NAME			3.2 NA						
STREET ADDRESS					ADURESS				
CITY+ST-ZIP TITLE		[] DELETE	3 4 CiT 4 1 TiT		70		· - · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		L") DETER	4 1 111 4 2 NAI					onange	☐ xoaicon
STREET ADDRESS					DODESC				
CITY-ST-7IP					DORESS				
THILE		DELETE	4 4 C·I		£IF.			Change	Addition
NAME		EJ 32277	5 2 NA				L	ona go	L
STREET ADDRESS					DDRESS				
CITY-ST-7IP			5 4 CII						
111LE		DELETE	6 1 Tit		£II'		<u>-</u> -	Change	Addition
NAME		£3 ******	6 2 NAN					o idings	
STREET ADDRESS					DORESS				
CHY-ST-ZIP									
UIT-SI-ZIF			6 4 CIT	1-51-	70				

I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Ffurther 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 eath; 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:

PHINTED NAME OF SIGNING OFFICER OF DIRECTOR M. LEPAGE 4/1/96 407-575-5530