

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

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 AM 9:55

DOCUMENT # V61460

(4)

1. Corporation Name

PRIME BUILDER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6555 NW 36 ST
#318
MIAMI FL 33166
US

Mailing Address

6555 NW 36 ST
#318
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0354217

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. 710 FALLING WATER RD

Suite, Apt. #, etc.

22.

2a. Mailing Address

26. 710 FALLING WATER RD

Suite, Apt. #, etc.

27.

23. City & State

FT LAUDERDALE, FL

2b. City & State

FT LAUDERDALE, FL

24. 33326 25. USA

29. 33326 30. USA

9. Name and Address of Current Registered Agent

LOMONACO, JOHN P.
710 FALLING WATER RD
SUITE #318
FT LAUD FL 33326

81. Name

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

84. City

FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature must be printed name of registered agent, and title of agent)

(Signature must be printed name of registered agent, and title of agent)

(Signature must be printed name of registered agent, and title of agent)

12. OFFICERS AND DIRECTORS

TITLE: PST
NAME: LOMONACO, JOHN P.
STREET ADDRESS: 1121 FAIRLAKE TRACE 2409
CITY, ST, ZIP: FT LAUDERDALE FL

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. Change ☒ Addition ☐

12. PST
LOMONACO, JOHN P.
710 FALLING WATER RD
FT LAUDERDALE, FL 33326

13. Change ☐ Addition ☐

14. Change ☐ Addition ☐

15. Change ☐ Addition ☐

16. Change ☐ Addition ☐

17. Change ☐ Addition ☐

18. Change ☐ Addition ☐

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

JOHN P. LOMONACO, PRES 4/28/95 387-7844