

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

**FILED**

**97 MAY -5 AM 11:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V73223**  
1. Corporation Name  
**PRIMAT, Inc. of FL.**

Principal Place of Business Mailing Address  
**4008 W. LINEBAUGH Ave  
TAMPA FL. 33624**

21	22	23	24	25	26	27	28	29	30		
2. Principal Place of Business			2a. Mailing Address			3. Date Incorporated or Qualified			3a. Date of Last Report		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number			Applied For		
City & State			City & State			5. Certificate of Status Desired			Not Applicable		
Zip			Zip			6. Election Campaign Financing Trust Fund Contribution			\$8.75 Additional Fee Required		
Country			Country			7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			Yes <input type="checkbox"/> No <input type="checkbox"/>		

10/20/92  
59-3150813  
2/1/96  
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
**MAHTANI, Manu  
4008 W. LINEBAUGH Ave  
Tampa FL. 33624**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	RD	<input type="checkbox"/> DELETE
NAME	MAHTANI, Manu	
STREET ADDRESS	4008 W. LINEBAUGH Ave	
CITY-STATE-ZIP	TAMPA FL. 33624	
TITLE	SRD	<input type="checkbox"/> DELETE
NAME	MAHTANI, Sundri	
STREET ADDRESS	4008 W. LINEBAUGH Ave	
CITY-STATE-ZIP	Tampa 33624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600002168246--7
1.4 CITY-STATE-ZIP	-05/06/97--01117--019
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****165.00 ****165.00
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**UB5-5-97**

14. I do 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 disclosed 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 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: \_\_\_\_\_ **Sundri MAHTANI** 4/29/97 813 969 1063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)