

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K00801** (6)

1. Corporation Name

PREMIER REALTY GROUP, INC.



Principal Place of Business

**2 N. SEWALLS POINT RD
STUART FL 34996**

Mailing Address

**2 N. SEWALLS POINT RD
STUART FL 34996**

3. Date Incorporated or Qualified
11/06/1987

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0018553

Applied For

Not Applicable

State Apt. #, etc.

State Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOGT, THOMAS A.
700 COLORADO AVE
STUART FL 34994**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Registered Agent (if different from above)

Signature of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**DPS
BOHNER, STEPHEN E.
7 W. HIGH POINT RD
STUART FL**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. TITLE

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. TITLE

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. TITLE

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. TITLE

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. TITLE

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

7. TITLE

☐ DELETE

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-STATE-ZIP

8. TITLE

☐ DELETE

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-STATE-ZIP

9. TITLE

☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-STATE-ZIP

14. I do hereby certify that the information submitted on this form 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 form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and in Block 14 or 15 and is accompanied by an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

1/26/96

407-287-1777

DATE

DAYTIME PHONE

CR2E034 (12/95)