

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000011591 (4)

1. Corporation Name

PREMIER SURFACES INC.



Principal Place of Business

Mailing Address

8551 NW 24 STREET
SUNRISE FL 33322

8551 NW 24 STREET
SUNRISE FL 33322

2. Principal Place of Business

21 4330 SW 74TH AVE

Suite, Apt. #, etc.

22 City & State

23 DAVIE FL

24 Zip

33314

25 Country

USA

2a. Mailing Address

26 4330 SW 74TH AVE

Suite, Apt. #, etc.

27 City & State

28 DAVIE FL

29 Zip

33314

30 Country

USA

3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

03/09/1995

4. FEI Number

65-0385785

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

9. Name and Address of Current Registered Agent

TOMASULO, SCOTT
8551 NW 24 STREET
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

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

4330 SW 74TH AVE

83

84 City

DAVIE

FL

85 Zip Code

33314

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

(Sign of the typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TOMASULO, SCOTT
8551 NW 24 STREET
SUNRISE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
TOMASULO, MARY
8551 NW 24 STREET
SUNRISE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

Scott Tomasulo Scott Tomasulo 3-10-96 954 472 6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone

CR2E034 (12/95)