

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Jun 19 1997 8:00am  
Secretary of State

DOCUMENT # S37412 (1)  
1. Corporation Name  
PREMIER SUNCOAST INVESTMENTS, INC.



Principal Place of Business Mailing Address  
508 COLONIA LANE NOKOMIS FL 34275 508 COLONIA LANE NOKOMIS FL 34275

2. Principal Place of Business 2a. Mailing Address  
21 1180 Knights Trail Road 26 1180 Knights Trail Road  
22 State, Apt. #, etc. 27 State, Apt. #, etc.  
23 Nokomis, FL 28 Nokomis, FL  
24 Zip 34275 25 Country USA 29 Zip 34275 30 Country USA

3. Date Incorporated or Qualified 03/08/1991 3a. Date of Last Report 03/31/1995  
4. FEI Number 65-0252818 Applied For Not Applicable  
5. Certificate of Status Desired  ~~Additional~~ \$6.75  
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 10. Name and Address of New Registered Agent  
DEANS, JAMES T 81 Name James T. Deans  
508 COLONIA LANE 82 Street Address (P.O. Box Number is Not Acceptable) 1180 Knights Trail Road  
NOKOMIS FL 34275 83  
84 City Nokomis FL 85 Zip Code 34275

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: [Signature] DATE: 5-21-96  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME DEANS, JAMES T.  
STREET ADDRESS 508 COLONIA LANE  
CITY-ST-ZIP NOKOMIS FL 34275  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PSTD  Change  Addition  
1.2 NAME James T. Deans  
1.3 STREET ADDRESS 1180 Knights Trail Road  
1.4 CITY-ST-ZIP Nokomis, FL 34275  
2.1 TITLE PSTD  Change  Addition  
2.2 NAME JAMES T. DEANS  
2.3 STREET ADDRESS PO Box 639  
2.4 CITY-ST-ZIP NOKOMIS, FL 34274  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME 500002218155  
5.3 STREET ADDRESS -06/20/97--01027--022  
5.4 CITY-ST-ZIP \*\*\*165.00  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: [Signature] DATE: 5-21-96 941-485-3876  
BIOGRAPHY AND EMPLOYED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)