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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S38726 (3)
1. Corporation Name
PREMIER '91 CORP.



Principal Place of Business: C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD., C-1 TAMPA FL 33634

Mailing Address: C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD., C-1 TAMPA FL 33634-8334

3. Date Incorporated or Qualified: 03/19/1991
3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-3060445 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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)

9. Name and Address of Current Registered Agent: HOROWITZ, LAWRENCE D 4710 EISENHOWER BLVD SUITE C1 TAMPA FL 33634

10. Name and Address of New Registered Agent (81-84): Allan Abrams 4710 Eisenhower Blvd. Suite C-1 Tampa FL 33634

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, 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: *Allan Abrams* Allan Abrams, Chairman DATE: 4/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: DCP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ABRAMS, ALLAN		1.2 NAME	
STREET ADDRESS: 4710 EISENHOWER BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		1.4 CITY-ST-ZIP	
TITLE: DST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ABRAMS, ELAINE		2.2 NAME	
STREET ADDRESS: 4710 EISENHOWER BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		2.4 CITY-ST-ZIP	
TITLE: DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LLEWELLYN, ROBERTA		3.2 NAME	
STREET ADDRESS: 4710 EISENHOWER BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME	Vice President
STREET ADDRESS:		4.3 STREET ADDRESS	James J. Shapiro
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	4710 Eisenhower Blvd. C-1 Tampa Fl. 33634
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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 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: *Allan Abrams* Allan Abrams, Chairman DATE: 4/21/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)