

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90054 038 \*\*\*150.00

**DOCUMENT # P96000099147**

1. Corporation Name  
**PREMIER SAFARIS, INC.**

Principal Place of Business  
**452 LAKE BRIDGE LANE #413  
APOPKA FL 32703**

Mailing Address  
**P.O. BOX 651  
APOPKA FL 32704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/06/1996**

4. FEI Number

**59-3419292**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election to Report on Form 990 ☐

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

8. This corporation has the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 601 Hillview Drive**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 Suite 101**

Suite, Apt. #, etc.

City & State

**23 Altamonte Springs, FL**

City & State

Zip Country

**24 32704 25 USA**

Zip

**29 30** Country

9. Name and Address of Current Registered Agent

**GOLDENBERG, CHARLES A  
452 LAKE BRIDGE LANE #413  
APOPKA FL 32703**

10. Name and Address of New Registered Agent

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **GOLDENBERG, CHARLES A**  
STREET ADDRESS **601 HILLVIEW DRIVE STE 101**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **STD** ☐ DELETE  
NAME **GOLDENBERG, AUBREY H**  
STREET ADDRESS **1912 BELMONT PLACE**  
CITY-ST-ZIP **METairie LA**

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Charles A Goldenberg**  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**21 April 99**

**407-389-9778**  
Daytime Phone #

CR2E034 (11/98)