SIGNATURE: KRISTOPHER M HOOVER

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2023	FLORIDA	PROFIT	CORPORA	TION AME	ENDED A	NNUAL	REPORT

#### DOCUMENT# S38726

Entity Name: PREMIER '91 CORP.

#### **Current Principal Place of Business:**

C/O PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634

## **Current Mailing Address:**

C/O PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634

# FEI Number: 59-3060445

## Name and Address of Current Registered Agent:

PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD SUITE C1 TAMPA, FL 33634 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Officer/Director Detail :								
Title	CO-CHAIRMAN, DIRECTOR, OFFICER	Title	DIRECTOR					
Name	ABRAMS, ALLAN	Name	ABRAMS, ELAINE					
Address	C/O PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD., SUITE C-1	Address	C/O PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD., SUITE C-1					
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634					
Title		Title	DIRECTOR, SECRETARY, TREASURER, OFFICER					
Name	HOOVER, KRISTOPHER M	Name	ABRAMS, ROBERTA					
Address	C/O PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD., SUITE C-1	Address	C/O PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD., SUITE C-					
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634					
Title	CO-CHAIRMAN, OFFICER, DIRECTOR							
Name	ABRAMS, JOSHUA							
Address	C/O PETER LAWRENCE COMMERCIAL RE, INC 4710 EISENHOWER BLVD., SUITE C-1							
City-State-Zip:	TAMPA FL 33634							

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

PRESIDENT

# FILED Sep 20, 2023 Secretary of State 2986037946CC

Certificate of Status Desired: No

09/20/2023 Date

Date