

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

May 01 1996 8:00 am

Secretary of State

DOCUMENT # F93000000381 (4)

1. Corporation Name

PREMIERE ASSOCIATES MANAGEMENT COMPANY

Principal Place of Business

**6000 MEADOWBROOK MALL
STE 200
CLEMMONS NC 27012
US**

Mailing Address

**PO BOX 1670
CLEMMONS NC 27012
US**

3. Date Incorporated or Qualified

01/14/1993

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

56-1786722

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

10. Name and Address of New Registered Agent

**HERZOG, LAVERNE P
2415 VOLUSIA AVE., SUITE A-4
ORANGE CITY FL 32763**

81

Name

Goetz, Galen

82

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

689 Deltona Blvd.

83

84

City

Deltona

FL

85 Zip Code

32725

11. Pursuant to the provisions of Sections 607.0902 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]
Signature of person authorized to register agent (if the filer is the filer)

[Signature]
Dir. of Legal Affairs

(If filer is registered agent, signature required when new filing)

[Signature]
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

C

**SWAIN, W STEWART
6000 MEADOWBROOK MALL STE 200
CLEMMONS NC**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P

**HERZOG, LAVERNE P
2415 VOLUSIA AVE., SUITE A-4
ORANGE CITY FL 32763**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VPT

**AUSTIN, JEWEL
2928 WINDING WAY
ULBURN GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

S

**HUTCHINS, FAYE J
2000 MEADOWBROOK MALL STE 200
CLEMMONS NC**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

See attached

5. TITLE ☒ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

See attached

9. TITLE ☒ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

See attached

13. TITLE ☒ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

See attached

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

300001823409

05/15/96-01126-025

*****200.00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Laverne P. Herzog

4/12/96

407-860-0689
Telephone

CR2E034 (12/95)

ADDENDUM

OFFICERS

Chief Executive Officer, Vice
President, Chairman of the
Board and Assistant Secretary: W. Stewart Swain
6000 Market Square Court
Suite 200
Clemmons, North Carolina 27012

President, Vice President
and Assistant Secretary: Laverne P. Herzog
689 Deltona Blvd.
Deltona, Florida 32725

Vice President of
Operations: Jewel Austin
2828 Winding Way
Lilburn, Georgia 30247

Regional
Vice President: Bruce Covell, Jr.
6655 Southwest 7th
Margate, Florida 33068

Vice President, Director of
Reimbursement, and Assistant
Secretary: Troy Curry
600 Market Square Court
Suite 200
Clemmons, North Carolina 27012

Vice President, Treasurer, Chief
Financial Officer and Assistant
Secretary: Becky Muenchow
6000 Market Square Court
Suite 200
Clemmons, North Carolina 27012

Secretary: Faye Hutchins
6000 Market Square Court
Suite 200
Clemmons, North Carolina 27012

Assistant Secretary: Jo Ann Page
689 Deltona Blvd.
Deltona, Florida 32725