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FILED

Apr 14 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

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 27012-1670
US**

2. Principal Place of Business
21 689 Deltona Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 689 Deltona Blvd.
Suite, Apt. #, etc.

City & State
23 Deltona FL
Zip Country
24 32725 USA

City & State
28 Deltona FL
Zip Country
29 32725 US

3. Date Incorporated or Qualified
01/14/1993

3a. Date of Last Report
05/01/1996

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

**GOETZ, GALEN
689 DELTONA BLVD.
DELTONA FL 32725**

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
SWAIN, STEWART W
6000 MARKET SQ. CT. STE 200
CLEMMONS NC 27012**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVS
HERZOG, LAVERNE P
689 DELTONA BLVD.
DELTONA FL 32725**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
AUSTIN, JEWEL
2928 WINDING WAY
LILBURN GA 30247**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HUTCHINS, FAYE J
6000 MARKET SQUARE CT. STE 200
CLEMMONS NC 27012**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ☐ Change ☒ Addition

5.3 STREET ADDRESS ☐ Change ☒ Addition

5.4 CITY - ST - ZIP ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

[Handwritten Signature]

1-23-97

407-840-0689

CR2E034 (9/96)