


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

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FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90015 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000000381					
1. Corporation Name PREMIERE ASSOCIATES MANAGEMENT COMPANY					
Principal Place of Business 10065 RED RUN BLVD. OWINGS MILLS MD 21117 US			Mailing Address 10065 RED RUN BLVD. OWINGS MILLS MD 21117 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 56-1786722	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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	CEO	<input checked="" type="checkbox"/> DELETE			
NAME	SWAIN, STEWART W				
STREET ADDRESS	6000 MARKET SQ. CT. STE 200				
CITY-ST-ZIP	CLEMMONS NC 27012				
TITLE	PVS	<input checked="" type="checkbox"/> DELETE			
NAME	HERZOG, LAVERNE P				
STREET ADDRESS	689 DELTONA BLVD.				
CITY-ST-ZIP	DELTONA FL 32725				
TITLE	VPT	<input checked="" type="checkbox"/> DELETE			
NAME	AUSTIN, JEWEL				
STREET ADDRESS	2928 WINDING WAY				
CITY-ST-ZIP	LILBURN GA 30247				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	HUTCHINS, FAYE J				
STREET ADDRESS	6000 MARKET SQUARE CT. STE 200				
CITY-ST-ZIP	CLEMMONS NC 27012				
TITLE	AS	<input checked="" type="checkbox"/> DELETE			
NAME	PAGE, J O ANN				
STREET ADDRESS	689 DELTONA BLVD				
CITY-ST-ZIP	DELTONA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Taylor Pickett				
1.3 STREET ADDRESS	10065 Red Run Blvd				
1.4 CITY-ST-ZIP	owings mills MD 21117				
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Mark Fulchino				
2.3 STREET ADDRESS	10065 Red Run Blvd				
2.4 CITY-ST-ZIP	owings mills MD 21117				
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Robert Stephenson				
3.3 STREET ADDRESS	10065 Red Run Blvd				
3.4 CITY-ST-ZIP	owings mills				
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	marc B. Levin				
4.3 STREET ADDRESS	10065 Red Run Blvd				
4.4 CITY-ST-ZIP	owings mills MD 21117				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Marshall A. Elkins				
5.3 STREET ADDRESS	10065 Red Run Blvd				
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Fulchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

(410) 998-8578
Daytime Phone #

CR2E034 (11/98)