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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H41138

(9)

PREMIUM BUDGET SERVICES, INC.

FILED Mar 31 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			F INDIAN BIN BEARS HAND ASHAR ISSUE FROM	DIGIT GLALI ALA	41 M4M41 M1M11	OF THE PERSON
4501 N. NEBRASKA P.O. BOX 8938 TAMPA FL 33674-5938		4501 N. NEBRASKA P.O. BOX 8838 TAMPA FL 33674-8938						
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1985 04/29/1996				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-2482593		l N	lot Applicable
Suite Apt	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
2		27			G. Continuate of States Boomes		Fee F	Required
City & State	e	City & State			6. Election Campaign Financing			May Be
3		28	····		Trust Fund Contribution			to Fees
Zφ	Country	Zip	Country	/	8. This corporation has liability for i	intangible t	a (under	s. 199.032,
<u> </u>	25	29	30		Florida Statutes  10. Name and Address of New Re	Yes Z		
	9, Name and Address of Curre	eni Hegistered Agent	81	Name	10. Name and Address of New Ne	Alatetan M	Sent	
	iz, marvin		6'	Name				
	PARK BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)		
PINE	LLAS PARK FL 34665			ļ				
			83					
			84	City			<b>85</b> Zip	Code
					rporation submits this statement for the p	FL		
SIGNATURE	Signer and Gos of an product name of requiremed a	gen and theil applicates (	(NOTE Registered Ag	ent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	PS IN 12
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In the hierary certify that me information supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation or the repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.1 changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ir