

4-16-98 B 4835 c

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Motham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # H41138 (9)**  
 1. Corporation Name  
**PREMIUM BUDGET SERVICES, INC.**



Principal Place of Business <b>4501 N. NEBRASKA P.O. BOX 8938 TAMPA FL 33674-5938</b>	Mailing Address <b>4501 N. NEBRASKA P.O. BOX 8938 TAMPA FL 33674-5938</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/01/1985</b>	
21		26		4. FEI Number <b>59-2482593</b>	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RONZ, MARVIN 5207 PARK BLVD. PINELLAS PARK FL 34665</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				<b>17400 GULF BLVD 89</b>	
				83.	
				<b>N. REDINGTON BLVD, FL 33708</b>	
				84. City	85. Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RONZ, MARVIN</b>		1.2 NAME		
STREET ADDRESS	<b>216 BUTTONWOOD CIRCLE N.</b>		1.3 STREET ADDRESS	<b>17400 GULF BLVD, 89</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>		1.4 CITY-ST-ZIP	<b>N. REDINGTON BLVD, FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RONZ, RITA</b>		2.2 NAME	<b>Lita Ronz</b>	
STREET ADDRESS	<b>216 BUTTONWOOD CIRCLE N.</b>		2.3 STREET ADDRESS	<b>17400 GULF BLVD 89</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>		2.4 CITY-ST-ZIP	<b>N. REDINGTON BLVD, FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RONZ, RONALD A.</b>		3.2 NAME		
STREET ADDRESS	<b>6004 OAKHURST DRIVE</b>		3.3 STREET ADDRESS	<b>6004 OAKHURST DR</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>		3.4 CITY-ST-ZIP	<b>SEMINOLE, FL 33792</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

CR2E034 (10/97)