Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90052 020 \*\*\*150.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H41138**

1. Corporation Name

PREMIUM BUDGET SERVICES, INC.

1												
Principal Place	of Business	Mailing Addre	ess					<b>    </b>		<b>.</b>	1 <b>0</b> 11 01011	71 <b>0</b> 11 61611 1691
4501 N. NEBRASKA 4501 N. NEBRASKA					1							
P.O. BOX 8938 P.O. BOX 8938					no			DO NO	r WRITE IN T	HIS SPA	\CE	
TAMPA FL 33674-5938 TAMPA FL 33674-5938					3. Date Incorporated or Qualifed				1110 011			
							02/01/	•	aoa			
2 Principal P	lace of Business	2a. Mailing Ad	dress				4. FEI Num		_		T Ar	oplied For
21		26					59-248	32593			+	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.							\$	8.75	Additional
22		27					5. Certificati	e of Status Desi	red 🔲		Fee Re	equired
City & State	e .	City & State					6. Election	Campaign Finar	ncing _ 🖂			May Be
23		28	<u> </u>				Trust Fu	nd Contribution			Added	to Fees
Zip	Country	Zip	_	_ Count	try		, ·	poration owes th	e current yea			D.
24	25	29	30	0				I Property Tax.	Now Pogleto		Yes	□No
	9. Name and Address of Current	Registered Agei	<u>πτ</u>		81	Name	10. Maine a	ila Address of	Mam Vafista	ica Age		
RON	z, marvin				_   ·		1		_			
17400 GULF BLVD B9				82 Street Addre			ess (P.O. Box N	lumber is Not A	cceptable)			II.
N RE	DINGTON BCH			1	83							
N REDINGTON BCH FL 33708									_			
				{	84 (	City			1	FL 🏻	5 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, FI	orida Statutes,	, the abo	ove-r	amed corpo	ration submits	this statement f	or the purpos	e of cha	nging its	registered
office or n	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such ch	ange was auth	norized l	bv th	e corporation	n's board of dir	rectors. I hereby	accept the ap	ppointme	ent as re	gistered
1	in tansilal with and accept the conget	0, 000,00	77.0000, 7.07100	<i>a</i> 0								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered A	gent si	gnature required	when reinstating)		DATE			
12.	OFFICERS AN			13.			ADDITION	NS/CHANGES T	O OFFICERS			
TITLE	DP		] DELETE	1.1 TITL	E						Change	Addition
NAME	RONZ, MARVIN					l				ш		
STREET ADDRESS	17400 GULF BLVD B9			1.2 NAM	Æ	1	_					
CITY-ST-ZIP	N REDINGTON BCH FL 33708		ľ	1.2 NAM 1.3 STR		DDRESS			·	_		
TITLE	n			1,3 STR 1,4 CITY	EET AL					_	<u> </u>	Addition
NAME	D		DELETE	1,3 STR	EET AL			***************************************		_	Change	. Addition
l	RONZ, RITA		DELETE	1,3 STR 1,4 CITY	EET AL 7-ST-Z E					_	Change	. Addition
STREET ADDRESS	RONZ, RITA 17400 GULF BLVD B9	1- W. vill ald	DELETE	1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	EET AL 7-ST-Z E AË EET AL	DDRESS				_	Change	☐ Addition
CITY-ST-ZIP	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708			1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT	EETAL 7-ST-Z E AE EEETAL Y-ST-Z	DDRESS				<u></u>		
CITY-ST-ZIP	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D		DELETE	1.3 STR 1.4 CITY 2.1 TITL 22 NAW 2.3 STR 2.4 CIT 3.1 TITL	EET AL Y-ST-Z E AE EET AL Y-ST-Z	DDRESS				<u></u>	Change	☐ Addition
CITY-ST-ZIP TITLE NÂME	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D RONZ, RONALD A.			1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM	EET AL Y-ST-Z E XE EET AL Y-ST-Z E	DDRESS				<u></u>		
CITY-ST-ZIP TITLE NÂME STREET ADDRESS	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D RONZ, RONALD A. 6004 OAKMONT DR			1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	EET AL Y-ST-Z E EET AL Y-ST-Z E ME	DDRESS ZIP	,			<u></u>		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D RONZ, RONALD A.		DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 3.1 TITL 3.2 NAW 3.3 STR 3.4. CIT	EET AL Y-ST-Z E EET AL Y-ST-Z E ME EET AL Y-ST-Z	DDRESS ZIP				\	Change - /	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D RONZ, RONALD A. 6004 OAKMONT DR			1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITLI	EETAL Y-ST-Z E EETAL Y-ST-Z E EETAL Y-ST-Z E EETAL Y-ST-Z E	DDRESS ZIP				\		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D RONZ, RONALD A. 6004 OAKMONT DR		DELETE	1.3 STR 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITLL 3.2 NAM 3.3 STR 4.1 TITLL 4.2 NAM 4.3 STR	EET AL  Y-ST-Z  E  ME  EET AL  Y-ST-Z  E  ME  ME  EET AL  ME  EET AL  EET AL	DDRESS DDRESS DDRESS DDRESS				,	Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D RONZ, RONALD A. 6004 OAKMONT DR		DELETE	1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STR 4.1 TITU 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITU	EET AL  /-ST-Z  E  AE  EEET AL  E  ME  EEET AL  E  ME  EEET AL  (-ST-Z  E  AE  AE  EEET AL  AE  EEET AL  AE  EEET AL  AE  AE  AE  AE  AE  AE  AE  AE  AE	DDRESS ZIP DDRESS ZIP DDRESS				,	Change Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RONZ, RITA 17400 GULF BLVD B9 N REDINGTON BCH FL 33708 D RONZ, RONALD A. 6004 OAKMONT DR		DELETE	1.3 STR 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STR 4.1 TITLL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITLL 5.2 NAM 5.3 STR	EET AL  (-ST-Z  E  AE  EEET AL  (-ST-Z  E  ME  EEET AL  (-ST-Z  E  ME  AE  (-ST-Z  E  AE  (-ST-Z  E  AE  (-ST-Z	DDRESS DDRESS DDRESS DDRESS DDRESS DDRESS					Change Change	Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4.17.84