

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K03065 (5)
1. Corporation Name
PREMIER INVESTMENT GROUP, INC.



Principal Place of Business: **C/O RICK A. SUGGS, 801 WINDERMERE BLVD. INVERNESS FL 34453 US**
Mailing Address: **C/O RICK A. SUGGS, 801 WINDERMERE BLVD. INVERNESS FL 34453 US**

3. Date Incorporated or Qualified: **11/20/1987**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-2868889**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc., City & State, Zip, Country
26, 27, 28, 29, 30: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
**SUGGS, RICK A.
801 WINDERMERE BLVD.
INVERNESS FL 32650**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIXON, RICHARD	
STREET ADDRESS	1445 S. HOMESTEAD POINTE	
CITY- ST- ZIP	INVERNESS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SUGGS, RICK A	
STREET ADDRESS	502 TURNER CAMP ROAD	
CITY- ST- ZIP	INVERNESS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SUGGS, RICK A.	
STREET ADDRESS	502 TURNER CAMP ROAD	
CITY- ST- ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	34450
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	34453
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	34453
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	900001742729
45 TITLE	
46 NAME	
47 STREET ADDRESS	
48 CITY- ST- ZIP	-03/14/96---01013--026
49 TITLE	
50 NAME	
51 STREET ADDRESS	
52 CITY- ST- ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information submitted with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee 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: *Rick A. Suggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICK A SUGGS

March 10, 1996
58 3-13-96

CR2E034 (12/95)