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**Mar 20 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # L10865 (8)**  
1. Corporation Name  
**PREMIER HOMES AND DEVELOPMENT CORPORATION**



Principal Place of Business: **521 GOLF TEE LANE LONGWOOD FL 32779 US**  
Mailing Address: **521 GOLF TEE LANE LONGWOOD FL 32779-6149 US**

3. Date Incorporated or Qualified: **08/23/1989**  
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. 407 Wekiva Springs Rd.	26. Same	59-2961368	Not Applicable
22. Suite 213	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Longwood, Florida	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. 32779	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>SIMON, PETER D. 521 GOLF TEE LANE 113 LONGWOOD FL 32779</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PCD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SIMON, PETER D.</b>		1.2 NAME	
STREET ADDRESS: <b>521 GOLF TEE LANE, 113</b>		1.3 STREET ADDRESS	
CITY, ST, ZIP: <b>LONGWOOD FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SIMON, PAT</b>		2.2 NAME	
STREET ADDRESS: <b>521 GOLF TEE LANE, 113</b>		2.3 STREET ADDRESS	
CITY, ST, ZIP: <b>LONGWOOD FL</b>		2.4 CITY-ST-ZIP	
TITLE: <b>DT</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SIMON, PETER D</b>		3.2 NAME	
STREET ADDRESS: <b>521 GOLF TEE LANE, 113</b>		3.3 STREET ADDRESS	
CITY, ST, ZIP: <b>LONGWOOD FL</b>		3.4 CITY-ST-ZIP	
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 do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Peter D Simon* Date: 3/12/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)