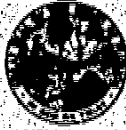


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED). MINIMUM AMOUNT DUE TO REINSTATE: \$375

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # L34816 (3)

1. Corporation Name
PREMIER METRO REALTY, INC.

FILED
95 JUL 11 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: C/O VIOLET MARTIN, 121 N. KIRKMAN ROAD, ORLANDO FL 32811
Mailing Address: C/O VIOLET MARTIN, 121 N. KIRKMAN ROAD, ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/08/1989		3a. Date of Last Report 03/18/1994	
4. FEI Number 59-2976614		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21	26	Applied For	
Suite, Apt. #, etc.		Not Applicable	
22	27	5. Certificate of Status Desired <input type="checkbox"/>	
City & State		\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
City & State		\$5.00 May Be Added to Fees	
24	25	29	30
Zip	Country	Zip	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARTIN, VIOLET 121 N. KIRKMAN ROAD ORLANDO FL 32811		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, VIOLET	1.2 NAME	
STREET ADDRESS	121 N. KIRKMAN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32811	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLIN, ELLEN	2.2 NAME	
STREET ADDRESS	300 N. C.R. 427, SUITE 215	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily 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 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.

SIGNATURE: Violet Martin Date: 7/6/95 Daytime Phone: 407-292-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)