

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L34816** (3)

1. Corporation Name
PREMIER METRO REALTY, INC.



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**

3. Date Incorporated or Qualified: **12/08/1989** 3a. Date of Last Report: **07/11/1995**

4. FET Number: **59-2976614** Applied For: Not Applicable

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

10. Name and Address of New Registered Agent

2. Principal Place of Business: **21 C/O VIOLET MARTIN**
Suite, Apt. #, etc.: **32 N. KIRKMAN RD.**
City & State: **ORLANDO, FL**
Zip: **32811** Country: **ORANGE**

2a. Mailing Address: **26 C/O VIOLET MARTIN**
Suite, Apt. #, etc.: **32 N. KIRKMAN RD.**
City & State: **ORLANDO, FL**
Zip: **32811** Country: **ORANGE**

9. Name and Address of Current Registered Agent

**MARTIN, VIOLET
32 121 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 607.07(2) and 607.15(4), Florida Statutes, the above named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(5), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, VIOLET	
STREET ADDRESS	32 121 N. KIRKMAN ROAD	
CITY, ST, ZIP	ORLANDO FL 32811	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TEMPLIN, ELLEN	
STREET ADDRESS	300 N. C.R. 427, SUITE 215	
CITY, ST, ZIP	LONGWOOD FL 32750	
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier's 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 Book 12 or Book 13 if changed, or on an additional written address.

SIGNATURE: *Violet Martin* 3/13/96 407-292-3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)