SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)170806 PREMIER DEVELOPERS, INC. Mailing Address Principal Place of Business 488 SW VOLTAIR TERRACE 488 SW VOLTAIR TERRACE PORT ST LUCIE FL 34984 PORT ST LUCIE FL 34984 3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1990 05/01/1995 Principal Place of Business 2a. Mailing Address 26 SAME 4. FEI Number Applied For 65-0205663 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #. etc Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032 Country Zin Country Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SAME BURSON, ROBERT A. Street Address (PO. Box Number is Not Acceptable) **67 SOUTH FEDERAL HWY** 82 STUART FL 34995 83 Zip Code 85 City 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Segmentive itypes fibit printe finition of responsed agent and the it applicable (NOTE: Floor reced Agent's goafure respond when respecting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 THEFT E THILE E034 12 NAME ROUTTEN, NARDI NAME 491 NW AVENS ST 1.3 STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 1 4 CITY - ST - ZIP CITY-ST-ZIP Change Adoltion DELETE 2.1 TIFLE TITLE LARGE, TERESA 2.2 NAM6 NAME 2.3 STREET ADDRESS 1379 VICUNA LN STREET ADDRESS PORT ST LUCIE FL 2 4 City - ST-ZiP CITY - ST - ZIP Change Addition DELFTE 3 1 TITLE TITLE 3.2 NAME WILLIAMS, ELAINE NAME 3.3 STREET ADDRESS STREET ADDRESS 133 HIDEWAY PL. STUART FL 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST. ZIP CITY - ST - ZIE Change Addition DELETE 51 TITLE 5.2 NAM5 NAME 5.3 STHEET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Adoision DELETE 61 THEF TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS CITY-S1-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 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 other or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my signature properties in the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and 12 or Block 13 if changed, or on an attachment with an address that my name appears in Block

Foresa

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

407-878-3918 Cognic Place