

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P19998

(4)

1. Corporation Name

PREMIERE PRODUCTS, INC.

Principal Place of Business

Mailing Address

1717 DEERFIELD ROAD
DEERFIELD IL 60015

1717 DEERFIELD ROAD
DEERFIELD IL 60015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/11/1988

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

36-3534064

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature not used when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VDS
NAME	FLETCHER, L. JOHN
STREET ADDRESS	600 PORTWINE ROAD
CITY - ST - ZIP	DEERFIELD IL
TITLE	VD
NAME	HOAGLUND, ROBERT W.
STREET ADDRESS	1085 FOREST HILL
CITY - ST - ZIP	LAKE FOREST IL
TITLE	V
NAME	PERUCCHINI, ENNIO
STREET ADDRESS	RUE-JUSTE OLIVER 22
CITY - ST - ZIP	SWITZERLAND
TITLE	AS
NAME	VIX, CAROL A.
STREET ADDRESS	2500 WEST 63RD STREET
CITY - ST - ZIP	DOWNERS GROVE FL
TITLE	AS
NAME	DULAP, CHARLES L.
STREET ADDRESS	3175 N. ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	KISSIMMEE FL
TITLE	AC
NAME	PEREZ, PABLO
STREET ADDRESS	3175 N. ORANGE BLOSSOM TRAIL
CITY - ST - ZIP	KISSIMMEE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 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:

Thomas M. Rello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

ASSISTANT SECRETARY

4-21-95

Date

Signature Page 2

D 19998

PREMARK INTERNATIONAL, INC.
TAX DEPARTMENT
1717 DEERFIELD ROAD
DEERFIELD, ILLINOIS 60015

05/01/95

DIVISION OF CORPORATIONS
P.O. BOX 1500

TALLAHASSEE

FL 32302-1500

RE: TAXPAYER : PREMIERE PRODUCTS, INC.
FED. I.D. NO. : 36-3534064
TYPE OF TAX : Annual Report
LIABILITY YEAR : 95
TYPE OF PAYMENT : Return
AMOUNT : 200.00

GENTLEMEN OR MADAM:

ENCLOSED WITHIN IS THE RETURN AND/OR PAYMENT INDICATED
ABOVE FOR THE SUBJECT TAXPAYER.

KINDLY ACKNOWLEDGE RECEIPT OF THE ENCLOSED BY PLACING
YOUR OFFICIAL STAMP ON THE DUPLICATE COPY OF THIS LETTER
AND RETURNING SAME TO OUR OFFICE.

VERY TRULY YOURS,



PATRICIA A. THOMPSON
DIRECTOR, STATE TAXES

P19998

PREMARK INTERNATIONAL, INC.
TAX DEPARTMENT
1717 DEERFIELD ROAD
DEERFIELD, ILLINOIS 60015

05/01/95

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P.O. BOX 1500

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FL 32302-1500

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