## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

PREMIER SALES INCORPORATE	D						
Principal Place of Business	M	ailing Address				1	
1424-73RD CIR NE ST. PETERSBURG FL 33702	14 ST						
						3.	Date <b>09</b> /
Principal Place of Business Za. Mailing Address						4.	FEI
21	26			<u>-</u>			59-
Suite, Apt. #, etc.	27	Suite, Apt. #, etc	i,			5.	Cert
City & State	Ę	City & State				6.	Elec
Zip Country	28	Zip	Co	untry		-	Trus
24 25	29	<b>~</b> *P	30	,		0.	Pers
9. Name and Address of Cui		10.					
				81	Name		
MALONEY, JOHN V 1424 73RD CIRCLE N.E.					Street Address (P.O. E		
ST. PETERSBURG FL 33702				83			
				84	City		

Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90071 049 \*\*\*150.00



Principal Place of Business Mailing Address					Ì										
1424-73RD CIR NE     1424-73RD CIR NE       ST. PETERSBURG FL 33702     ST. PETERSBURG FL 33702				DO NOT WRITE IN THIS SPACE											
							3. Date la	ncorporated	or Qualife	d					
							09/13	3/1993					}		
2. Principal Pl	ace of Business	2a. Mailing Addre	ess				4. FEI N				- I	Appl	ied For		
21		26					59-3195713			Not Applicable					
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				\$8.7						75 Additional		
22		27					3. Ceruic	ale or start	19 Desired		Fee	e Requ	uired		
City & State							6. Electio	on Campaig	n Financin	g 🖂	<b>\$</b> 5.	<b>00</b> м	lay Be		
23		28					Trust f	Fund Contri	bution		Add	ded to	Fees		
Zip	Country	Zip		Country			8. This c	orporation o	owes the cu	urrent year Ir		_			
24	25	29 30						nal Property			Yes	[	□No		
	9. Name and Address of Curren	t Registered Agent					10. Name	and Addre	ss of New	<u>Registered</u>	i Agent				
				81	Name	١									
MALONEY, JOHN V 1424 73RD CIRCLE N.E.			82	Street	Address	ress (P.O. Box Number is Not Acceptable)									
						(, , _ , _ ,									
ST. I	PETERSBURG FL 33702			83					•						
				100	0:4:						85	Zip Co	vdo		
				84	City					FI	L   👸   `	Lip Oc	,,,,		
office of t	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such chanc	ie was authori	zed by	the corp	d corporation's	tion submi board of	its this state directors. I	ement for the hereby acc	e purpose o	of changing cintment a	g its re is regi:	egistered stered		
SIGNATURE										DATE					
40	Signature, typed or printed name of registered agen	D DIRECTORS	(NOTE: Regist	ered Agel	nt signature	required whi			IGES TO C	OFFICERS A	ND DIRE	CTOR	S IN 12		
TILE	P			1 TITLE		T -	ADDITI	0110/011/10	.0.0 .0 0	<u></u>	☐ Chai		Addition		
NAME	MALONEY, JOHN V		•	2 NAME											
STREET ADDRESS				T ADDRESS	ļ										
			.4 CITY- S		1							]			
CITY-ST-ZIP	VP			1 TITLE	.,- <u></u>	+					[] Cha	nge	Addition		
	41		2 NAME												
NAME			3 STREET ADDRESS												
STREET ADDRESS			- 1			<b>'</b>									
CITY-ST-ZIP				. 4 CITY-5	>1-∠liP	+-					☐ Cha	nge	Addition		
TITLE	ST FRANCES A										_	J-	_		
NAME	MAZONET, FIRMOZO A		.2 NAME		.]										
STREET ADDRESS	1424-73RD CIR NE				T ADDRESS	5									
CITY-ST-ZIP	ST. PETERSBURG FL 33702			4. CITY-9	ST-ZIP	+					[ ] Cha	nge	Addition		
TITLE															

STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

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Change

Change

Addition

Addition