

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073464 (8)

1. Corporation Name

PREMIER TRUST MORTGAGE, INC.

Principal Place of Business

6306 PEMBROKE RD.
1ST FLOOR
HOLLYWOOD FL 33023

Mailing Address

6306 PEMBROKE RD.
1ST FLOOR
HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0444719

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

2. Principal Place of Business

21 6241 Pembroke Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Hollywood FL.

27 City & State

28

24 Zip

33023

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

JACQUES, MARGARETTE
6306 PEMBROKE RD.
1ST FLOOR
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name

MARCELLE, LARRY

82 Street Address (P.O. Box Number is Not Acceptable)

6241 Pembroke Rd.

83

84 City

Hollywood

FL

85 Zip Code

33023

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

Larry Marcelle

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

(NOTE: Registered Agent signature required when reappointing)

DATE 4/20/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME JACQUES, MARGARETTE
STREET ADDRESS 6306 PEMBROKE RD., 1ST FLOOR
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE D
NAME WILLIAMS, NORMAN
STREET ADDRESS 6306 PEMBROKE RD., 1ST FLOOR
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V

1.2 NAME

MARCELLE, LARRY

☒ Change ☐ Addition

1.3 STREET ADDRESS

6241 Pembroke Rd.

1.4 CITY-ST-ZIP

Hollywood FL 33023

2.1 TITLE

P

2.2 NAME

Williams, Norman

☒ Change ☐ Addition

2.3 STREET ADDRESS

6241 Pembroke Rd.

2.4 CITY-ST-ZIP

Hollywood FL 33023

3.1 TITLE

S

3.2 NAME

COWARD, MONICA

☐ Change ☒ Addition

3.3 STREET ADDRESS

6241 Pembroke Rd.

3.4 CITY-ST-ZIP

Hollywood FL 33023

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE:

Norman Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20/1995 (305) 961-4800

Daytime Phone #