

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 # **P93000076446 (2)**

1. Corporation Name

**PREMIER MAX, INC.**



Principal Place of Business

1801 PALM BCH LAKES BLVD  
ROOM 890  
W PALM BCH FL 33409  
US

Mailing Address

1801 PALM BCH LAKES BLVD  
ROOM 890  
W PALM BCH FL 33409  
US

3. Date Incorporated or Qualified  
**11/04/1993**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

21 **12563 PINE ACRE LANE**

2a. Mailing Address

26 **12563 PINE ACRE LANE**

4. FEI Number  
**65-0446153**

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

Suite, Apt. #, etc.

22 **WELLINGTON**

Suite, Apt. #, etc.

27 **WELLINGTON, FLORIDA**

City & State

23 **FLORIDA**

City & State

Zip **33414**

Country **USA**

Zip **33414**

Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEARSALL, MACK B JR.  
4047 OKEECHOBEE BLVD.  
STE. 224  
WEST PALM BEACH FL 33409**

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTSD** ☐ DELETE  
NAME **OTTERMAN, ROLAND**  
STREET ADDRESS **13833 E 14 WELLINGTON TR**  
CITY-ST-ZIP **WELLINGTON FL**

1.1 TITLE **PTSD** ☒ Change ☐ Addition  
1.2 NAME **ROLAND OTTERMAN**  
1.3 STREET ADDRESS **12563 PINE ACRE LANE**  
1.4 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **V** ☒ DELETE  
NAME **ALHAMBRA, LILY**  
STREET ADDRESS **1740 D WINDORAH WAY**  
CITY-ST-ZIP **W PALM BCH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **OTTERMANN, BEATRIZ**  
STREET ADDRESS **13833 E 14 WELLINGTON TR**  
CITY-ST-ZIP **WELLINGTON FL**

3.1 TITLE **V** ☒ Change ☐ Addition  
3.2 NAME **OTTERMANN BEATRIZ**  
3.3 STREET ADDRESS **12563 PINE ACRE LANE**  
3.4 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 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:

*Beatriz Ottermann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

407-795-9622

Daytime Phone #

CR2E034 (12/95)