

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 # P93000080537 (2)

1. Corporation Name
PREMIER VENTURES, INC.



Principal Place of Business
**10002 PRINCESS PALM AVE.
SUITE 304
TAMPA FL 33619**

Mailing Address
**P.O. BOX 5713
LAKELAND FL 33807**

3. Date Incorporated or Qualified **11/10/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 1509 S. Florida Ave. Suite, Apt. #, etc. 22 Suite 3 City & State 23 Lakeland, FL Zip 24 33803	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	4. FEI Number 59-3220888 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAMOND, D. J
10002 PRINCESS PALM AVE.
SUITE 304
TAMPA FL 33619

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1509 S. Florida Avenue	83 Suite 3	84 City Lakeland	85 FL	86 Zip Code 33803
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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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, D. J	1.2 NAME	
STREET ADDRESS	10002 PRINCESS PALM AVENUE #304	1.3 STREET ADDRESS	1509 S. Florida Avenue, Suite 3
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Lakeland, FL 33803
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNIN, TERESA B	2.2 NAME	
STREET ADDRESS	10002 PRINCESS PALM AVE #304	2.3 STREET ADDRESS	1509 S. Florida Ave., Suite 3
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Lakeland, FL 33803
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Teresa B. Fannin
Teresa B. Fannin, Secretary

4/26/96

(941) 683-3333

Date

Daytime Phone #

CR2E034 (12/95)