**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000080537

1. Corporation Name

PREMIER VENTURES, INC.

Principal Place of Business Mailing Address							. (811) 8818) 8091	. (1(1) 184) 1881
1509 S. FLORIDA AVE. P.O. BOX 5713			,			·		
SUITE 3 LAKELAND FL 33807						DO NOT WRITE IN THIS SPACE		
LAKELAND FL 33803 US						3. Date Incorporated or Qualifed		
03						11/10/1993		
2 Principal P	ace of Rusiness	2a. Mailing Address				4. FEI Number	Ar	plied For
— · · · · · · · · · · · · · · · · · · ·						59-3220888	<u> </u>	ot Applicable
21   26			, , <del>-</del> .		, s- ,			Additional
22 27			•			5. Certifcate of Status Desiréd	·	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28 28						Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Countr	γ		8. This corporation owes the current year In		
24	25	_   29   .   3	10		_	Personal Property Tax.	☐ Yes	ØNo
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
DIAL	AOND D. I		8	1	Name	·		
DIAMOND, D. J 1509 S. FLORIDA AVENUE				2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 3				_			<del></del>	
LAKELAND FL 33803			83	3				
DARLEMID I E 33003				4	City	<b>F</b> -1	85 Zip	Code
'						Fl	<u></u>	
office or re agent. I all SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag				ne corporation	ration submits this statement for the purpose on is board of directors. I hereby accept the appointment of the purpose of the	intment as re	gistered
12.		ND DIRECTORS	13.	oin b	ABriatara radanas	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	DIAMOND, D. J	- 7	1,2 NAME	Ξ				
STREET ADDRESS 1509 S. FLORIDA AVE., SUITE 3			1,3 STREE	1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		1.4 CITY+	ST-Z	ZIP	•		
TITLE	S	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	FANNIN, TERESA B							Ì
STREET ADDRESS	1509 S. FLORIDA AVE., SUITI	E 3	2.3 STRE	ET A	ODRESS			
CITY-ST-ZIP	LAKELAND FL		:2, 4 CITY-	- \$T	-ZIP	<u> </u>	<u> </u>	·
TITLE	7 - 36 -	☐ DELETE	3.1 TITLE			•	☐ Change	☐ Addition
NAME	* *		3.2 NAME	Ė				
STREET ADDRESS			3.3 STRE	ETA	DORESS			
CITY-ST-ZIP ,			3.4. CITY-	-ST-	-ZIP			
TITLE	DELETE			4.1 TITLE			Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE	ET A	NODRESS			
CITY-ST-ZIP			4.4 CITY-		ZIP			<u> </u>
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME :			5.2 NAME					
STREET ADDRESS			5.3 STRE		)			
CITY-ST-ZIP		["] DELETE	5.4 CiTY-		ZIP		□ Change	☐ Addition

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 receiven 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 change , or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90012 005 \*\*\*158.75