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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000024535 (4)

PREMIER MARKETING GROUP, INC.

FILED May 02 1997 8:00am Secretary of State

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Principal Place 7710-20 NW 561 200 POMPANO BCH US	IH WAY I FL 33071	Mailing Address 7710 NW 56TH WAY 200 POMPANO BCH FL 33073-35 US	<b>509</b>	3. Date Incorporated or Qualified 03/28/1994	3a. Date of Last Report 03/28/1996
	ace of Business	2e. Mailing Address	ceda co o	4. FEI Number 65-0488948	Applied For
Suite, Apt. 1	83 5 1tm/k (2) 7	26 22 783 5 Suite, Apt. #, etc.	SITE ICI		Not Applicable  \$8.75 Additional
22 12 8		27 128	•	5. Certificate of Status Desired	Fee Required
City & State		City & State	n FL	6. Election Campaign Financing	\$5.00 May Be
23 <b>B</b> oca	Country	28 Boca Rate	Country	Trust Fund Contribution	Added to Fees
24 3392	· · · ·	han marke on h	A عُل الله	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes
2-1 7. 1.	9. Name and Address of Current			10. Name and Address of New Reg	
	ire, steven f		81 Name		
	NE 3RD AVE		82 Street Addre	ess (P.O. Box Number is Not Acceptabl	e)
FT L	AUDERDALE FL 33304				
			83		
			84 City		FL 85 Zip Code
office or re agent 1 ar SIGNATURE	egistered agent, or both, in the State on in familian with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the corporation of t	oration submits this statement for the pu on's board of directors. I hereby accept	the appointment as registered
12.	Signature Typed or printed name of registered agent OFFICERS AND		Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
12.	D OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MAGARO, ROBIN	- <del></del>	12 MANUT	<i>(</i> ************************************	<del>-</del> -
STREET ADORESS	7710-20 NW 56TH WAY #200		1.3 STREET ADDRESS	Sane as Above	2
CHY-ST-ZIF	POMPANO BCH FL		1.4 CITY+ST-ZIP	·	
THE	D DANGED BOADEODD I	DÉLETE	2.1 TITLE		Change Addition
NAME	MAGARO, BRADFORD J 7710-20 NW 56TH WAY #200		22 NAME	some as Abov	e .
STREET ADDRESS	POMPANO BCH FL			7 W> 1/400	
CITY - ST - 7IP	I VAN MIN DOLL I	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAM:			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City - St - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	
CITY - ST - ZVP		Torrese	4.4 CITY - ST - ZIP		T 1.000
)tftF		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CHY-ST-Zir'		☐ DELETE	54 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
TITLE		□ veerit	62 NAME		El ousude El vocution
NAME CIDIEL ADDRESS			I i		
STREET ADORESS			6.3 STREET ADDRESS .		
14. Ldo hereb	by certify that the information supplied	with this filing does not qualify	64 CITY-ST-ZIP for the exemption stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify that the

. For nevery certify that the information supplied with this liting 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

22/97 91

954 755 4781