

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049370 (7)

1. Corporation Name

PREMIER MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

Mailing Address

20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

2. Principal Place of Business

21 5355 Town Center Rd.

Suite, Apt. #, etc.

22 702

23 Boca Raton, FL 33486

City & State

Zip

Country

25 USA

2a. Mailing Address

26 5355 Town Center Rd.

Suite, Apt. #, etc.

27 702

28 Boca Raton, FL

City & State

Zip

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFE, RICHARD C
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0513676

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

10. Name and Address of New Registered Agent

81 Name

Gary Scharf

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

5355 Town Center Rd. # 702

83

Boca Raton, FL 33486

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, Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(Print: Registered Agent Signature and Title)

(Date)

2/15/96

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	SCHARF, GARY	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 200	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DV	☒ DELETE
NAME	WOLFE, RICHARD C	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 200	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	☒ DELETE
NAME	KORN, GARY A	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 200	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	☒ DELETE
NAME	BEDZOW, MICHAEL	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 200	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	☒ DELETE
NAME	BROWN, GARY L	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 200	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	Scharf, Bunnie	☐ Change ☒ Addition
12 NAME		
13 STREET ADDRESS	5355 Town Center Rd. # 702	
14 CITY-ST-ZIP	Boca Raton, FL 33486	
21 TITLE	Scharf, Gary	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	5355 Town Center Rd. # 702	
24 CITY-ST-ZIP	Boca Raton, FL 33486	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Scharf

(Date)

(Typed Name)

CR2E034 (12/95)