**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P94000049370 (7)**

1. Corporation Name
**PREMIER MANAGEMENT CONSULTANTS, INC.**

Principal Place of Business
~~5355 TOWN CENTER ROAD~~
~~SUITE 702~~
~~BOCA RATON FL 33486~~
~~US~~
See change below

Mailing Address
~~5355 TOWN CENTER ROAD~~
~~SUITE 702~~
~~BOCA RATON FL 33486-1068~~
~~US~~

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business
21 7280 W. Palmetto Park Rd
Suite, Apt. #, etc.
22 106
City & State
23 Boca Raton, FL.
Zip 24 33433
Country 25 USA

2a. Mailing Address
26 7280 W. Palmetto Park Rd
Suite, Apt. #, etc.
27 106
City & State
28 Boca Raton, FL.
Zip 29 33433
Country 30 USA

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

**9. Name and Address of Current Registered Agent**
SCHARF, GARY
5355 TOWN CENTER ROAD
SUITE 702
BOCA RATON FL 33486

**10. Name and Address of New Registered Agent**
81 Name: Gary Scharf
82 Street Address (P.O. Box Number is Not Acceptable): 7280 W. Palmetto Park Rd. #106
83
84 City: Boca Raton, FL. FL
85 Zip Code: 33433

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: Gary Scharf — 1/15/97
Signature (typed or printed name of registered agent) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DPST ☐ DELETE | 1.1 TITLE | DPST ☒ Change ☐ Addition |
| NAME | SCHARF, GARY | 1.2 NAME | Gary Scharf |
| STREET ADDRESS | 5355 TOWN CENTER ROAD #702 | 1.3 STREET ADDRESS | 7280 W. Palmetto Park Rd. #106 |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | Boca Raton, FL. 33433 |
| TITLE | DV ☐ DELETE | 2.1 TITLE | DV ☒ Change ☐ Addition |
| NAME | SCHARF, BONNIE | 2.2 NAME | Bonnie Scharf |
| STREET ADDRESS | 5355 TOWN CENTER ROAD #702 | 2.3 STREET ADDRESS | 7280 W. Palmetto Park Rd. #106 |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | Boca Raton, FL. 33433 |
| TITLE | D ☒ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | KORN, GARY A | 3.2 NAME | |
| STREET ADDRESS | 20803 BISCAYNE BLVD., SUITE 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL 33180 | 3.4 CITY-ST-ZIP | |
| TITLE | D ☒ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BEDZOW, MICHAEL | 4.2 NAME | |
| STREET ADDRESS | 20803 BISCAYNE BLVD., SUITE 200 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL 33180 | 4.4 CITY-ST-ZIP | |
| TITLE | D ☒ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, GARY L | 5.2 NAME | |
| STREET ADDRESS | 20803 BISCAYNE BLVD., SUITE 200 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL 33180 | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

14. I do 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 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:** Gary Scharf — 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037788