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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	Mailing Address
5355 TOWN CENTER ROAD SUITE 702 BOCA RATON FL 33486 US	See change below 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

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

2. Principal Place of Business	2a. Mailing Address
21 7280 W. Palmetto Park Rd	26 7280 W. Palmetto Park Rd
22 Suite, Apt. #, etc. 106	27 Suite, Apt. #, etc. 106
23 City & State: Boca Raton, FL.	28 City & State: Boca Raton, FL.
24 Zip: 33433 25 Country: USA	29 Zip: 33433 30 Country: USA

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 Gary Scharf 11/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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 11/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0337788