SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 27 PM 3:54

DOCUMENT # P94000085788 (5)

1. Corporation Name

PREMIER EXTERMINATORS, INC.

BK 9/5/96

Principal Place of Business	Mailing Address
17011 NORTH BAY RD., SUITE 202 N. MIAMI BEACH FL 33160	17011 NORTH BAY RD., SUITE 202 N. MIAMI BEACH FL 33160

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report:

4. FEI Number: 65-0537739 ☐ 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 15290 SW 26 STREET	26 15290 SW 26 STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DAVIE FLORIDA	28 City & State: DAVIE, FLORIDA
24 Zip: 33126 25 Country: U.S.A.	29 Zip: 33126 30 Country: U.S.A

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DOMINIQUE M. LEROY
82 Street Address (P.O. Box Number is Not Acceptable): 169 EAST FLAGLER STREET SUITE 1428-29
83 ALFRED DUPONT BUILDING
84 City: MIAMI FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 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: X _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAVALIE, JOSE A 17011 NORTH BAY RD., SUITE 202 N. MIAMI BEACH FL 33160	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SECRETARY JOSE A. CAVALIE 15290 SW 26ST DAVIE-FL-33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY NANCY R. CAVALIE 17011 N. BAY RD SUITE 202 N. MIAMI BEACH-FL 33160	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

400001841124
-09/09/96--01012--007
****225.00 ****225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 06/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSE A. CAVALIE (ASSISTANT)

0066760 CP

CR2E034 (3/96)