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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400089709 1. Corporation Name

PREMIER WEALTH STRATEGIES INC.

Principal Place of Business Mailing Address

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90016 033 ***150.00



800 South No Suite F Ormond Beac JS		706 N. FLAMINGO DR. HOLLY HILL FL 32117				DO NOT WE 3. Date Incorporated or Qualifer		IS SPACE	
2 Principal C	Place of Rusiness	2 Moiling Address				12/12/1994			
2. Principal Place of Business		2a. Mailing Address	— ·			4. FEI Number		<u> </u> _	Applied For
- Suite, Apt.	# etc	Suite, Apt. #, etc.				59-3286150		<u> </u>	Not Applicable
2	·	27				5. Certifcate of Status Desired			5 Additional Required
City & Stat	te	City & State				6. Election Campaign Financing	-	\$5.	00 May Be
3		28				Trust Fund Contribution		Add	ed to Fees
Zip	Country	Zip	Cour	atry		8. This corporation owes the cu	rrent year I	ntangible	
4	25		30			Personal Property Tax.		☐ Yes	₩No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New	Registere	d Agent	
220				81	Name				
Brown, Linda H 706 n Flamingo Dr			ŀ	82 Street A		ess (P.O. Box Number is Not Accep	table)		
HOL	LY HILL FL 32117		f	83					
			-	84	City			85 Z	ip Code
							<u>FI</u>		
OTTICE OF F	egistered agent, or both, in the Sta m familiar with and accept the obl	ite of Florida. Such change was au	uthorized	by th	e corporation	pration submits this statement for the n's board of directors. I hereby acce	pt the appo	ointment as	registered
SIGNATURE	_ Kunda H (Brown	rida Statut	tes.			2-2	.99	
	Signature: typed or printed name of registered	agent and title if applicable. (NOTE:	Registered A	tes.		when reinstating)		.99	
12.	Signature types or printed name of registered OFFICERS	AND DIRECTORS (NOTE:	Registered A	tes. Igent si		when reinstating) ADDITIONS/CHANGES TO O		ND DIREC	
12 .	Signature typic or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	Registered A 13. 1.1 TITL	tes. Igent si					
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12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered OFFICERS D BROWN, LINDA 706 N. FLAMINGO DR.	AND DIRECTORS (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	tes. Igent si E				ND DIREC	
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14. I 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, with all other like empowered.

SIGNATURE: