

**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

DOCUMENT # P94000089829 (3)

1. Corporation Name
PREMIER MOTORWERKS, INC.



Principal Place of Business: 1175 N. MONROE STREET TALLAHASSEE FL 32303
Mailing Address: 1175 N. MONROE STREET TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3284896
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. 199.03?, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt #, etc; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent
**GIARTELLI, CHRISTOPHER
1175 N. MONROE STREET
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	GIARTELLI, CHRISTOPHER	12 NAME	
STREET ADDRESS	3227 TANAGER TRAIL	13 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	
NAME	GIARTELLI, NICHOLAS P	22 NAME	
STREET ADDRESS	3227 TANAGER TRAIL	23 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	24 CITY - ST - ZIP	
TITLE	VPD	31 TITLE	
NAME	FRANCISCO, EDWIN	32 NAME	
STREET ADDRESS	2838 LITTLE DEAL RD	33 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

STD
NICHOLAS GIARTELLI
2660 OLD BAIN BRIDGE RD
APT 601

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7-16-96
Dialing Phone # 224-6005

CR2E034 (3/96)