

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 JAN 23 PM 3:26

DOCUMENT # P95000050735 (6)

1. Corporation Name

PREMIUM SPECIALIST'S INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600001708466
-02/06/96--01120--025
****200.00 ****200.00

Principal Place of Business: 402 NORTHWEST 87TH AVENUE SUITE 401 MIAMI FL 33172
Mailing Address: 402 NORTHWEST 87TH AVENUE SUITE 401 MIAMI FL 33172

3. Date Incorporated or Qualified: 06/28/1995
3a. Date of Last Report: [Blank]
4. FET Number: [Blank] 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: 21 [Blank] 22 [Blank] 23 [Blank] 24 [Blank]
2a. Mailing Address: 26 [Blank] 27 [Blank] 28 [Blank] 29 [Blank] 30 [Blank]

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent: 81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL [Blank]

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: [Blank] (NOTE: Registered Agent signature required when registering) DATE: [Blank]

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|-------------------------------------------------------|-------------------------|
| TITLE | D [] DELETE | 1.1 TITLE | [] Change [] Addition |
| NAME | SHEAKS, GREGORY A | 1.2 NAME | |
| STREET ADDRESS | 402 NORTHWEST 87TH AVENUE | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33172 | 1.4 CITY, ST, ZIP | |
| TITLE | [] DELETE | 2.1 TITLE | [] Change [] Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY, ST, ZIP | |
| TITLE | [] DELETE | 3.1 TITLE | [] Change [] Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | |
| TITLE | [] DELETE | 4.1 TITLE | [] Change [] Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | [] DELETE | 5.1 TITLE | [] Change [] Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 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 | |

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

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-17-96 303/553-9912

CR2E034 (12/95)