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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000060876 (6)

1. Corporation Name

PREMIER WOMEN INVESTMENT CLUB, INC.

Principal Place of Business

7370 ORANGEWOOD LN., #204
BOCA RATON FL 33433

Mailing Address

7370 ORANGEWOOD LN., #204
BOCA RATON FL 33433-7454



3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

04/28/1996

2. Principal Place of Business

21 938 TAMARIND WAY
Suite, Apt. #, etc.

2a. Mailing Address

25 938 TAMARIND WAY
Suite, Apt. #, etc.

4. FEI Number

65-0600651

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

City & State

23 BOCA RATON FL

City & State

27 BOCA RATON FL

Zip

24 33433

Country

25 USA

Zip

29 33433

Country

30 USA

g. Name and Address of Current Registered Agent

SILVER, SCOTT A ESQ.
3350 S.W. 27TH AVE.
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GOLDBERG, RENEE
STREET ADDRESS 7370 ORANGEWOOD LN., #204
CITY-ST-ZIP BOCA RATON FL 33433 ☒ DELETE

TITLE DV
NAME BOYMAN, NANCY
STREET ADDRESS 7370 ORANGEWOOD LN., #204
CITY-ST-ZIP BOCA RATON FL 33433 ☐ DELETE

TITLE DT
NAME SCHOMSTEIN, SHARON
STREET ADDRESS 7370 ORANGEWOOD LN., #204
CITY-ST-ZIP BOCA RATON FL 33433 ☒ DELETE

TITLE DS
NAME SCHWARTZ, ETHEL T
STREET ADDRESS 7370 ORANGEWOOD LN., #204
CITY-ST-ZIP BOCA RATON FL 33433 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 938 TAMARIND WAY
4.4 CITY-ST-ZIP BOCA RATON FL 33433

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/97 305 887-1936

CR2E034 (9/96)