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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Plane of Rusiness

## P95000074361 (3) DOCUMENT # 1. Corporation Name 1

PREMIER AUTO CREDIT, INC.

Mailing Address



1119 SOUTH PINE AVENUE OCALA FL 34471				1119 SOUTH PINE AVENUE OCALA FL 34471									
									3. Date Incorporated or Qualified 09/25/1995	<b>3a</b> . Da	ate of Las	it Repo	rt
2. Principal Plac	ce of Busine	oss	28.	Mailing Addre	oss				4. FEI Number			App	lied For
1 26				3					59-333512				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State		<u> </u>	28	City & State					Election Campaign Financing     Trust Fund Contribution			.00 M	
Z <sub>I</sub> p 24		Country 25	29	Zip <b>29</b>		Country 30			This corporation has liability for intangible tax under s 199.032,     Florida Statutes				
	9, Name	and Address of Curr	ent Regis	tered Agent					10. Name and Address of New I	Registere	d Agent		
						[1	81	Name					
MILLER, JOHN A 1119 SOUTH PINE AVENUE							82	Street Addr	ress (P.O. Box Number is Not Acceptable)				,
	FL 34471	L MILNOL					83						
							84	City		F	85	Zıp C	ode
SIGNATURE									ation submits this statement for the pured of directors. I hereby accept the app		as registe	its regis ered ag	ent. I am
	signature, typeo	or printed name of registered ag OFFICERS A			(NOTE:		Agor	t signature require	THE RESIDENCE OF THE PROPERTY	DATE			IN 10
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Too noreby certify that the information supplied with this lining is voluntarily furnished and does not quality for the exemption is accounted and the information indicated on this annual report is supplemental annual report is true and accurate and that my signature section is 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.

EO NAME OF SIGNING OFFICER OR DIRECTOR