FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Mar 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002528 (3)

PREMIER MARKETING CONCEPTS, INC.

Principal Place of Business Mailing Address						NDRIN BONIN BURKUR AYDDA DIAND FABOT RUKU YORU		
4607 WEST VILLA ROSA STREET 4807 WEST VILLA ROSA STAMPA FL 33611 TAMPA FL 33611-3129				EET				
						3. Date Incorporated or Qualifie 01/09/1996	d 3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Ad	dress			4. FEI Number 59- 335424	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				- \$9.75 Additional	
22		27	27			5. Certificate of Status Desired	Fee Required	
City & State		City & Stat	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	······································			Trust Fund Contribution	Added to Fees	
Zip	Country Zip			Country		1 '	for intangible tax under s. 199.032,	
24	25	29	30)		Florida Statules	∐ Yes ∐ No	
	9. Name and Address of Curre		t	81	Nome	10. Name and Address of New	Registered Agent	
Franklin L. Keichert JR							rt Ir	
343 ALMERIA AVENUE					Street	Address (P.O. Box Number is Not Accep	lable)	
-OORAL GABLES FL 33134-				83	700	1 West VIIIA ROSA	sneer	
]63				
				84	City		FL 85 Zip Code	
44 0	to the mondales of Continue COV DE	00 and 007 1500 Fig	ride Ctet dee	the phous		Ampa		
office or	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.							
agent. I a	m familiar vitt, and accept the obli			la Statutos	1-		<i>T</i> .	
SIGNATURE	Signature, Thed or prints i harrie of registere ag	2. FRANKII	N 4. K	escha	41	2 VICC HASINGT DECC	TALL	
12.		ID DIRECTORS	INOTE IV	13.	ik signature		FICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1,1 11TLE			Change Acdition	
NAME	MILLER, DAVID L			1,2 NAME				
STREET ADDRESS	4607 WEST VILLA ROSA STRI	EET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33611			1.4 CITY - ST	I - ZIP)		
TITLE	VD		DECETE	2.1 TITLE		VSD	Change Addition	
NAME	REICHART, FRANKLIN L JR.			2.2 NAME			T o	
STREET ADDRESS	4607 WEST VILLA ROSA STRI	EET		2.3 STREET	ADDRESS	Reichart, Franklin L 4601 Wast Villa Rosa St	ret	
CITY-ST-ZIP	TAMPA FL 33811			2.4 CITY-S		TAMPA F1. 33611		
TITLE	***	X	DELETE	3.1 TITLE			☐ Change ☐ Addilion	
NAME	BARNES, HERBERT F			3.2 NAME				
STREET ADDRESS	4007 WEST VILLA ROSA STRI	EET		33 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA-FL-33014			3.4. CITY - S	T - Z (P			
TITLE	TD		DELETE	4.1 TITLE			Change Addition	
NAME	FRIEDMAN, BARRY M			4. 2 NAME				
STREET ADDRESS	4607 WEST VILLA ROSA STRI	EET		4.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33611			4.4 CITY-S1	I-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREFT	ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST	r-ZIP			
TITLE	43.5		DETELE	6.1 TITLE			Change Addition	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			

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