

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

FILED  
Feb 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000011010 (1)  
1. Corporation Name:  
PREMIER HOLMES REAL ESTATE CORP.



Principal Place of Business: 12300 ALT A1A STE 203 PALM BEACH GARDENS FL 33410  
Mailing Address: 12300 ALT A1A STE 203 PALM BEACH GARDENS FL 33410-2211

2. Principal Place of Business 21 12300 ALT A1A Ste 105 Suite, Apt. #, etc.		2a. Mailing Address 26 12300 ALT A1A Suite, Apt. #, etc. 27 Suite 105		3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
22 City & State 23 Palm Beach Gdns Fl		28 City & State Palm Beach Gdns Fl		4. FEI Number 65-0638469	Applied For Not Applicable
24 Zip 33410	25 Country Palm Beach	29 Zip 33410	30 Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent HOLMES, DANIEL T 12300 ALT A1A STE 203 PALM BEACH GARDENS FL 33410				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
				FL	

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, DANIEL T	1.2 NAME	
STREET ADDRESS	304 MIRAMAR LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, CHRISTOPHER K	2.2 NAME	
STREET ADDRESS	10891 HIDDEN LAKE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DANIEL T. HOLMES  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

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