

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

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 105  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**12300 ALT A1A STE 105  
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>12300 ALT A1A</b>		26 <b>12300 ALT A1A, #105</b>		02/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>Ste 110</b>		27 <b>Ste 105</b>		65-0638469	
City & State		City & State		Applied For	
23 <b>Palm Beach Gardens, FL</b>		28 <b>Palm Beach Gardens FL</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 <b>33410</b>		29 <b>33410</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25 <b>Palm Beach</b>		30 <b>Palm Beach</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<b>HOLMES, DANIEL T 12300 ALT A1A STE 203 PALM BEACH GARDENS FL 33410</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
<b>HOLMES, DANIEL T 12300 ALT A1A STE 203 PALM BEACH GARDENS FL 33410</b>				81 Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
				<b>12300 ALT A1A, Ste 110</b>					
				84 City					
				<b>Palm Beach Gardens</b>		FL		85 Zip Code	
								<b>33410</b>	

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 *Daniel T Holmes* VP **Daniel T Holmes VP 1-21-98**

Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLMES, DANIEL T</b>			12 NAME			
STREET ADDRESS	<b>304 MIRAMAR LANE</b>			13 STREET ADDRESS	<b>12300 ALT A1A, Ste 110</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>			14 CITY-ST-ZIP	<b>Palm Beach Gdns FL 33410</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLMES, CHRISTOPHER K</b>			22 NAME			
STREET ADDRESS	<b>10691 HIDDEN LAKE CIR</b>			23 STREET ADDRESS	<b>12300 ALT A1A, Ste 110</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>			24 CITY-ST-ZIP	<b>Palm Beach Gdns, FL 33410</b>		
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I 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.

*Daniel T Holmes* VP **Daniel T Holmes VP 1-21-98**

(S61) 227-0239

CR2E034 (10/97)