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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 25 1997 8:00am Secretary of State

Principal Place	POCUMENT # P9600022568 (5) PREMIER PROPERTY MANAGEMENT OF NORTHWEST FLORIDA , INC. Mailing Address BY REGIONS WAY, SUITE A DESTIN FL 32541-5106								
					3. Date incorporated or Qua 03/13/1996	alified 3s. Da	ate of Last R	eport	
2. Principal Pl	Falin	Parkway	28. Mailing Address 26. 158 Eq.	inParkway	4. FEI Number	436		oplied For of Applicable	
Suite, Apt	#, etc 31111	1 00 1	Suite, Apt. #, etb-	11.00000	5. Certificate of Status Desir	red 🗆	\$8.75 / Fee Re	Additional	
City & State	11	Beachfu	City & State	HonBeach, FL	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 Added t		
^{Zip} 24 ろよ5		Country	^{Z₁ρ} 32548	Country 30 USA	This corporation has liabilities Florida Statutes				
	9. Name and	Address of Current Re	egistered Agent		10. Name and Address of N	lew Registered	Agent		
OWEN, DAVID A 743 HWY 98, EAST, SUITE #5 DESTIN FL 32541 81 No. 62 St					baresi, Diane iress (P.O. Box Number is Not Ac Eg lin Park w		85 Zip (Code	
office or n agent 1 at SIGNATURE	egistered agent, in familiar with, ai Signature typed or pla	or both, in the State of Find accept the obligation the owne of registered agent accept the original properties agent accept the owner of the original properties agent accept the owner of the owner	Florida. Such change was ns of, Section 607.0505, I Control applicable (N	utes, the above-named corporal sauthorized by the corporal Florida Statutes. 12	poration submits this statement for tion's board of directors. I hereby the property of the pr	y accept the app	changing it pointment as	registered S IN 12	
THUE NAME STREET ADDRESS	Dianel 24 Fern	Barbaresi YRoad alton Rch, F	DELETE	1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS			[] Change	Addition	
TOTLE NAME SINGELADORESS	POYT IN	d Itok Bon, c	☐ DELETE	1.4 City-St-ZiP 2.1 Title 2.2 Name 2.3 Street Address	P	P	Change	Addition	
THE NAM: STREE ADDRESS			DELETE	2 4 CITY - ST - ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS		<u> </u>	Change	Addition	
CITY: SE ZIE TITLE HAME STREET ADDEESS			DELETE	3.4. ÇITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		180	Change	Addition	
CHY-S1-ZIF TIPLE NAME STREET ADDRESS			☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		, 1217, 1217, 121 7,	Change	Addition	
CITY ST-76* THEE NAME STREET ACORESS COLVESTING			DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS			Change	Addition	
007-81-20 14. Edo hereb	to certify that the	information supplied wi	th this filing does not qui	6.4 CITY-ST-ZIP alify for the exemption state	d in Section 119.07(3)(i), Florida	Statutes. I furthe	or 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 12 if changed, or on an attachment with an address.

SIGNATURE:

Diane Barbares 4/18/97