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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000026104 (5)

1. Corporation Name

PREMIER MANAGEMENT SERVICES, INC.



Principal Place of Business  
1300 ENTERPRISE DRIVE  
PORT CHARLOTTE FL 33953

Mailing Address  
1300 ENTERPRISE DRIVE  
PORT CHARLOTTE FL 33953-3843

3. Date Incorporated or Qualified  
03/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 9381 Klamath Falls

2a. Mailing Address

26 9381 Klamath Falls

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Englewood FL

Zip 34224

Country

27

City & State

28 Englewood FL

Zip 34224

Country

24

25

29

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9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Sharon Schoonbeck

82 Street Address (P.O. Box Number is Not Acceptable)

9381 Klamath Falls

83

84 City

Englewood

FL

85 Zip Code

34224

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, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/97

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME KAMACK, BARBARA L.  
STREET ADDRESS 1300 ENTERPRISE DRIVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE VTD ☐ DELETE

NAME SCHOONBECK, SHARON  
STREET ADDRESS 1300 ENTERPRISE DRIVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME KAMECK, BARBARA L.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed or on an attachment with an address.

SIGNATURE:

Sharon Schoonbeck

4/28/97 (rev) 11/96

CR2E034 (9/96)