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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000032214 (4)

**FILED** Apr 24 1998 8:00am Secretary of State

| PREMI   | er homebuyers, inc.                              |                                   |   |                                  |   |  |
|---|--|-----------------------------------|---|----------------------------------|---|--|
| Principal Plac  | ce of Business                                   | Mailing Address                   |   |                                  |   |  |
| 20 DEERPATI   | H DRIVE  | 20 DEERPATH DRIVE                 |   |                                  |   |  |
| OLDSMAR FL  | . 34677-2053                                     | OLDSMAR FL 34677-2053             |   |                                  | DO NOT INDITE IN THE OFFICE                                       |  |
|   |  |                                   |   |                                  |   | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |
| t   |  |                                   |   |                                  |   | 04/08/1996   |
| 2. Principal F  | Place of Business                                | 2a. Mailing Address               |   |                                  |   |  |
| 21  |  | 26                                |   |                                  | 4. First Month of the Applied For Not Applied For Not Applied For |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.               |   |                                  |   | 5. Certificate of Statue Desired \$8.75 Additional   |
| City & Stal   |  | City & State                      |   |                                  | Fee Required  |  |
| 23  | le .   | City & State                      |   |                                  | 6. Election Campaign Financing \$5.00 May Be                      |  |
| Zip   | Country  | Zip Count                         |   | intry                            |   | Trust Fund Contribution Added to Fees  |
| 24  |  |                                   | 30                                      | y                                |   | 8. This corporation owes or has paid the current year Intangible Personal Property Lax due June 30.  Yes  No |
| 9, Name and Address of Curre  |  |                                   |   |                                  | <del></del>   | 10. Name and Address of New Registered Agent   |
| MA  | MATZKOWITZ, ARTHUR J                             |                                   |   | 81                               | Name  |  |
|   | DEERPATH DRIVE                                   |                                   |   | 82                               | Street Addr   | ress (P.O. Box Number is Not Acceptable)   |
| j OL  | DSMAR FL 34677                                   |                                   |   | Ш                                |   |  |
|   |  |                                   |   | 63                               |   |  |
|   |  |                                   |   | 84                               | City  | 85 Zip Code  |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1609 Florida Stat  |  |                                   |   | $\Box$                           |   | <b>▶</b> L     `   |
| 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 regional 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                                   |   |                                  |   |  |
| i   | m familiar with, and accept the obli             | igations of, Section 607.0505, F  | lorida Stat                             | utes                             |   | •  |
| SIGNATURE   | Signature, typed or printed name of registered a | agent and title if applicable [NO | TE: Registere                           | d Ager                           | nt signature requir   | ed when reinstating) DATE  |
| 12.   | OFFICERS A                                       | ND DIRECTORS                      | 13.                                     |                                  |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | PVTS   | DELETE                            | 1.1 ()                                  | TLE                              |   | Change Addition  |
| NAME  | MATZKOWITZ, ARTHUR J                             |                                   | 1.2 N/                                  | ME                               | i   |  |
| STREET ADDRESS  | 20 DEERPATH DR.                                  |                                   |   | REET                             | ADDRESS   |  |
| CITY-ST-ZIP   | OLDSMAR FL 34877                                 | D britze                          | 1.4 C                                   |                                  | -ZIP  |  |
| TITLE<br>NAME   |  | ☐ DELETE                          |   | 2.1 TITLE<br>2.2 NAME            |   | Change Addition  |
| STREET ADDRESS  |  |                                   |   |                                  |   |  |
| CITY-ST-ZIP   |  |                                   | 2.3 STREET ADDRE<br>2.4 CITY - ST - ZIP |                                  |   |  |
| TITLE   |  | DELETE                            | 3.1 TU                                  |                                  | 1-211   | Change Addition  |
| NAME  |  |                                   | 3.2 NAME                                |                                  |   |  |
| STREET ADDRESS  |  |                                   | 3.3 STREET ADDRESS                      |                                  | ADDRESS   |  |
| CITY-ST-ZIP   |  |                                   | 3.4. City-St-ZiP                        |                                  |   |  |
| TITLE   |  | DELETE                            | 4.7 1/122                               |                                  |   | ☐ Change ☐ Addition  |
| NAME  |  |                                   | 4. 2 NAME                               |                                  |   |  |
| STREET ADDRESS  |  |                                   | 4.3 STREET ADDRESS                      |                                  |   |  |
| CITY-ST-ZIP   |  |                                   | 4.4 CI                                  |                                  | -ZIP  |  |
| TITLE   |  | ☐ DELETE                          |   |                                  |   | Change Addition  |
| STREET ADDRESS  |  |                                   | 5.2 NA                                  |                                  | Dobeso  |  |
| CITY-ST-ZIP   |  |                                   |   |                                  | ADDRESS   |  |
| TITLE   | DELETE   |                                   |   | 5.4 CITY - ST - ZIP<br>6.1 TITLE |   | Change Addition  |
| NAME  |  |                                   | 62 NA                                   |                                  |   | La oriente   |
| STREET ADDRESS  |  |                                   | 1                                       |                                  | ADDRESS   |  |
| CITY-SI-ZIP   |  |                                   | 6.4 Cf1                                 |                                  |   |  |
|   | portify that the information symplical           | with this films done not small.   |   |                                  |   | Postion 110 07/2V/N Florido Chatulas 15 Mb   |

Thereby 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 of 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:** 

3/20/98

\$13-759-