

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90290 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045194

1. Corporation Name
PREMANATIONS, INC.

Principal Place of Business
7605 RIDGEWOOD AVENUE
#1A
CAPE CANAVERAL FL 32920
US

Mailing Address
P.O. BOX 32-1447
COCOA BEACH FL 32932-1447
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1996

4. FEI Number
65-0734364

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing -- ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 7670 Ridgewood Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. box 321447
Suite, Apt. #, etc.

23 City & State
Cape Canaveral, FL
24 Zip 32920 Country USA

27 City & State
Cocoa Beach, FL
29 Zip 32932-1447 Country USA

9. Name and Address of Current Registered Agent

BROWN, RICHARD
2910 CARDINAL DRIVE
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	CLARK, JOHN T	P.O. BOX 321447	COCOA BEACH FL 32932	<input type="checkbox"/>
V	PEDEN, GAITHER D III	911 RENMAR DRIVE	PLANTATION FL 33317	<input type="checkbox"/>
TD	CLARK, NICOLE	P.O. BOX 321447	COCOA BEACH FL 32932	<input type="checkbox"/>
D	CLARK, GARRETT L	10600 BLOOMFIELD DR., #1528	ORLANDO FL 32825	<input checked="" type="checkbox"/>
D	JASON PARSONS	P.O. BOX 321447	Cocoa Beach, FL 32932-1447	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8/99 (407) 783-1867
Date Daytime Phone #

CR2E034 (11/98)