SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97 \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600050133 (3)

PREMIERE EQUITIES, INC.

Mailing Address Principal Place of Business 9800-W. SAMPLE ROAD 9600 W. SAMPLE ROAD SUITE 301 SUITE 301 DO NOT WRITE IN THIS SPACE CORAL SPRINGS Pt 23065 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1996 2. Principal Place of Business Mailing Address Applied For 9940 NW 5-4 CT 940 65-6672994 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FLANTATION MLANTATION 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible BROWARD 373 ry Yes Browers 377 ×Y Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LARKIN, STEPHEN H 9600-W: CAMPLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) -SUITE-301-В3 CORAL GABLES FL 99065 Zip Code 84 City 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE TITLE 1.1 TITLE 1.2 NAME STEPHEN 1. LARKIN NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP ☐ DELETE Change ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREE1 ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addilion DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with his 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of title receiver of trusted; employered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an attories.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

8/18/91

(a.) u.a. 9.0 . 1

Change

Addition

FILED

Aug 22 1997 8:00am

Secretary of State