

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

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000064787 (0)**

1. Corporation Name  
**PREMIER WHOLESALE, INC.**



Principal Place of Business <b>7552 CONGRESS STREET, UNIT 2-C NEW PORT RICHEY FL 34653</b>	Mailing Address <b>7552 CONGRESS STREET, UNIT 2-C NEW PORT RICHEY FL 34653-1106</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/02/1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>59-3395502</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent			
				81 Name	<b>CAROL A. MITCHELL &amp; ASSO.</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>7552 CONGRESS ST., STE 1</b>		
				83			
				84 City	<b>NEW PORT RICHEY</b>	FL	85 Zip Code <b>34653</b>

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. Each 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]* **CAROL A. MITCHELL** DATE **4/29/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MCCAFFERY, STEPHEN R</b>			1.2 NAME			
STREET ADDRESS	<b>7552 CONGRESS STREET, UNIT 2-C</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>			1.4 CITY-ST-ZIP			
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MITCHELL, CAROL A</b>			2.2 NAME			
STREET ADDRESS	<b>7552 CONGRESS STREET, UNIT 2-C</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>			2.4 CITY-ST-ZIP			
TITLE	<b>VICE-PRES</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANTHONY NALLI</b>			3.2 NAME			
STREET ADDRESS	<b>7552 CONGRESS ST. STE 2C</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* **4/29/97** **813-845-8101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)