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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000068437 (8)

PREMIER BUILDING GROUP INC.

FILED Apr 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address FOUR WATERVIEW DRIVE FOUR WATERVIEW DRIVE CCEAN RIDGE FL 33435 OCEAN RIDGE FL 33435-6251								
					3. Date Incorporated or Qualified 08/16/1996	3a. Date of Last 8 - / 6		
2. Principal Pl	lace of Business TA SE 6 AVE	2a. Mailing Address 26 568 6	5. Wood BR	21647	4. FEI Number 65 068 97 47		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 2/5	······································		5. Certificate of Status Desired	<u>□</u> \$8.75	Additional Required	
City & State	WYON BENCH. FL.	City & State	N BEACH	FL.	6. Election Campaign Financing Trust Fund Contribution		May Be	
Zφ 4 3343	Country 25 U.S.A.	Zip 29 33 4.3.5	Country 30	4.	8. This corporation has liability for in	ntangible tax under Yes	s. 199.032,	
	g. Name and Address of Curre	int Registered Agent			10. Name and Address of New Re	glatered Agent		
BUCA HATON FE 33432					LAUDERDALE FL 33309			
			84 City			FL 85 Zip	o Codé	
office or r agent. I a SIGNATURE	Signature, typing or princed name of registeran ag	tech a	authorized by the co orida Statutes. E: Registered Agent signal		ation submits this statement for the p is board of directors. I hereby accept when reinstating) ADDITIONS/CHANGES TO OFFICE	2-8-97 DATE		
THEF	D	☐ DELETE	1.1 TOLE	V	CE PRESIDENT	Change		
NAME	COLLIER, DAVID		1.2 NAME		VID PHORAZA			
STREET ADURESS	FOUR WATERVIEW DRIVE		1.3 STREET ADORES	16.	70 NW 42 ST _			
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			2.2 NAME	,	•	Change	Addition	
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anison models on this armon report or suppremental annual report is true and accurate and that my signature shar have the same legal effect as it made under or larn 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 12 it changed, or on an attachment with any address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #