APPROXED 19/0/2 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 97 OCT -1 AH 8: 27 ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P96000072990 (0) PREMIER PROPERTY MAINTENANCE CORP. BE DRIVE ORE DRIVE 3341\LAKK_SL FL 33442 LO BEACH FL 33442-7982 3a, Date of Last Report 3. Date incorporated or Qualified 09/04/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Smil UM. 65-069692 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 Florida Statutes 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHAWO 81 KLEIN JEFFREY G 2000 N MILITARY TRAIL STE 270 // Street Address (P.O. Box Number is Not Acceptable)
6185 O Pine TREE LN 82 BOGA-RATON FL 33431 83 84 7ip Code City ARAC 11. Pursuant to the provisions of Soctions 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 Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. pees. DELETE 1.1 TITLE TITLE ranas PHILLIPS, RANDY 1.2 NAME NAME Es 3341 LAKE SHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS 33065 **DEERFIELD BEACH FL 33442** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE . DOES 2.1 TITLE TITLE SHAWA C. WATERS 3804 N.W. 126 TH AVE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CORALSPRINGS, FL. 33065 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE TITLE 3.1 TITLE 3.2 NAME NAME ****165.00 STREET ADDRESS 3.3 STREET ADDRESS 3 4. C(TY-ST-Z)P CITY-TI-ZIP DELETE ☐ Change TITLE 4.1 TITLE Addition 4. 2 NAME NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 62 NAME NAME

6.3 STREET ADDRESS

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 eath; 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.

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STREET ADDRESS CITY-ST-ZIP

to whom it may concern,

the Report WAS SERT to wrong ADDRESS & we received it I month ago.

The people living at that ADDRESS received two reports a nerver gave them to US. We are a new business a cannot afford the \$50.00 Fee. We would Appreciate a little help from the STATE.

THANK YOU.

BROWN C. WATERS
OWNER