

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90244 048 ***150.00

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1. Entity Name
PREMIER HOSPITALITY MANAGEMENT, INC.



Principal Place of Business
2424 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118

Mailing Address
2424 N. ATLANTIC AVE.
DAYTONA BEACH, FL 32118

54030403



DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0705724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MADORSKY, MARSHA G.
100 SE SECOND STREET
SUITE 4000
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MADORSKY, MARSHA G
2000 S BAYSHORE DRIVE VILLA 41
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KANDEL, MARTIN M
21 RIVER RIDGE TRAIL
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SCHLOSSBERG, STEVEN M
1601 N. HALIFAX AVENUE
DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven M. Schlossberg
SIGNATURE-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Schlossberg 1/31/04 (386) 257-2026
Date Daytime Phone #